# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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# **CERTIFICATE OF DEATH**

	13	13	10	57	
Reg.	Di	si.)	No.	0	0

	COST								Reg. D	ist. No: U	
1. PLACE OF DEATH o. COUNTY			44.4.0	YLAND	2. USU/ o. ST	AL RESIDENCE (W	here decease	d lived. If insti		nce before	odmission)
	Allegany					Mary				legar	
b. CITY OR TOWN (I	If outside corporate limi earest town)	ts, write	c. LENGTH OF STAY	IN 16	c. CI	TY OR TOWN (IF	outside corpo	prote limits, writ	e RURAL and	give neares	it fown)
Frostbu	rg				6	Frost	burg				
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital, g	ive street	address)		d. S	REET ADDRESS				e.	IS RESIDENCE ON A FARM?
			rg Md		1		86				ES T NO
3. NAME OF DECEASED (Type or print)	Fir	st	Middle	e		Last	4. DATE		Month	Day	Year
	Mable	-	West			old	DEATH	AU		15,	1967
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARR	IED 🔁 B	. DATE C		- 00-	9. AGE (In year	y) Months		UNDER 24 HRS.
Female	White	WIDOWE	the same of the sa			11.10,		10 y	rs. 4	5	lours Min.
	king life, even it refired	done 10b.	KIND OF BUSINESS	OR INDUST	RY 11.	BIRTHPLACE (Stote	e ar foreign c	ountry)	12. CI	TIZEN OF	WHAT COUNTRY
Home Keep	er		Home		-	ew Cre		Va.		U.S.	Α.
13. FATHER'S NAME						THER'S MAIDEN					
	h Arnold					nna Sa	ylor				
15. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FOR (If yes, give wor or dates of se	CES? 16.	SOCIAL SECURITY NO	D. 17. IN	FORMAN	IT		^	Address		
No	No	1	Tone	Ne	ancy	Parke:	r Arn	old	Frost	burg,	Md.
Conditions, if a gove rise to i couse (o), stoting lying couse lost.	mmediate (			1	(/						
CAT	HER SIGNIFICANT CON	re	ver -	ack	en	sein			GIVEN IN PAI		WAS AUTOPSY PERFORMED?
	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY C	OCCURRED:	(Enter n	ature of injury in	Port I or Par	t II of item 18.)			
20c. TIME OF INJUR Hour o. n. p, m.	Y Month, Doy, Yeo	While at work	IJURY OCCURRED Not while of work			JURY (Home, far t, office bldg., et		or town)	(	(County)	(State)
21. I certify the alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Harold C	12 le	lel and that		, 1 occurre		ADDRESS (S	n the cause: treet, city or tov	s and on t wn, state) land	the date	the decease stated abov DATE SIGNE
220. BURIAL, CREMATIO REMOVAL (Specify)	N, 22b. DATE THEREO	F	22c. NAME OF CEM	AETERY OR	CREMAT	ORY	22d. LOCA	TION (City, tow	n, or county)		(Stote)
Burial	8-18-6	1	Dulling	Cer	nete	יזירי	Kev	ser.W.	Va.		
23. FUNERAL DIRECTOR	S SIGNATURE	20	ADDRESS	evu	17/		D BY REGIST		GISTRAR'S SI		
TO THE WA	Latinity 0		1 Legis	CUU	1.00	DVIC	IG 1 8 '6		lather of	Thate	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital per attending physician.

TO FUNERAL COR: After the period of the period of the attending physician and camp of tilled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Rages 1 and 2 and 1 be filed with the registrar priar to burial, cremation, or remaval, and in any event within 72 haurs after death.

VS A15 (4) 15M 9/55

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DIVISION OF STATISTICAL RESEARCH AL PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH funeral pluods PLACE OF DEATH 2. USUAL RESIDENCE (Where dacaased lived, If institution: Rasidance before admission) a. COUNTY a. STATE b. COUNTY ALLEGANY the 12 MARYLAND and b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporata limits, write RURAL and giva nearast town) c. LENGTH OF STAY IN 16 by RT. #2. CUMBERLAND CUMBERLAND d. NAME OF d. STREET ADDRESS BALTIMORE PIKE pletely papers. 3. NAME OF 4. DATE Middle Lest Month DECEASED OF (Typa or print) DEATH BABY ROY AUGUST 21 ATKINSON 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH last birthday) AUGUST 21,1961 MALE WIDOWED physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 'emove BIRTHPLACE (County & Stete, or foreign country) dona during most of working life, even if retired CUMBERLAND, MD. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending ple HARRY W. ATKINSON LOIS V. MILLER Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Addrass removal, (Yas, no, or unkown) | (Ifyasgive war or datas of service) MEMORIAL HOSPITAL - CUMBERLAND, MO INTERVAL BETWEEN by the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed burial-transit DUE TO affending Conditions, if any, which (b) gava risa to immadiata causa DUE TO (a), stating the underlying has causa last. the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY certificate 30 use prior CERTIFI 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of itam 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) hed 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, straat, office bldg., etc.) Whila Not Whila Hour a.m. at work at work 22a. SIGNATURE DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (TYPOR FUNER W. ROYCE HODGES 122 S. CENTRE ST., CUMBERLAND, MD. director, F be filed w 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. REMOVAL (Specify) Hospita H 256. REGISTRAR'S SIGNATUR ADDRESS 25a. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) DATE AUG 2 4 '61 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

2060353XV0

Chilling & House

(County)

ALLEGANY

Day

Days

U. S. A.

a. IS RESIDENCE

YES NO

Yaar

IF UNDER 24 HRS.

Hours

ONSET AND DEATH

PERFORMED?

NO

(Stata)

22b. DATE

SIGNED

12. CITIZEN OF WHAT COUNTRY?

ON A FARM?

CURECREATED FOR MENT FOR A PROPERTY OF THE AREA PROPERTY OF THE PROPERTY OF TH ME DRIAL A MARRIEU AVES.

THE BROWNING

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LI TELECIA HISENIATA

CHALTE BOWLD

LOISLY, MILLER

TENERAL MERITAL - CONSTRUCTO JAINET

YOU YEAT

HARRING ATMISSION

DELW. ROYCE MONCES . . TO GETTEL ST., CHRESPLAND, HE.

Create stars & so il Memorial Househall Camba inch I Warden

B. C. Walter S. Lee No.

# FOR STATE HEALTH DEPT.

f any delay is necessary, please the funeral director. Page for retained by your files. The State Banna of Health, This certificate should be executed within 24 hours after death. If word "pending" is pencil in Item, 18. Give Pages 1, 2, and 3 if Medical Examiner's Office along with form PM3, Page 5 mo Jould be seed as a burial-ironsity permit. File pages 1 and 2 w burial, cremation, or removal, and in any event within 72 hours execute the prifficals, writing 4 should it of warded to the TO FUNERAL DIRECTOR: Page or its designated agent, prior

VS. A15ME 5M 2/57

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8643 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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								neg. Di	11. 140.	
1. PLACE OF DEATH	llegany		MARYL		O. STATE Mai	Where deced	sed lived. If insti b. COUN	TV 4 2	lega	
and give nearest town	rland.	RURAL	c. LENGTH OF STAY II	v 16	c. CITY OR TOWN	(If outside co	porote limits, write		give near	ist town)
d. NAME OF HOSPIT	Memorial				d. STREET ADDRES				00	IS RESIDENCE ON A FARM? ES NO
3. NAME OF DECEASED (Type or print)	First	11	Middle		Bible	4. DATE OF DEATH	August		Doy 4.	Yeor 19 61
s. sex Male	Yet Y	MARRIEE	NEVER MARRIED  DIVORCED		1 2 2 2	1904	9. AGE (in years lost in hiday) 57 yrs	Months   D		UNDER 24 HRS.
10a. USUAL OCCUPATIOn during most of working Route Sal	ON (Give kind of work doing life, even if retired)  . esman	T 6	nd of susiness or in	V V	Pendlet	ton Co	. W. Va		EN OF W	A.
13. FATHER'S NAME Jobe B	Bible			1	4. MOTHER'S MAIDE Clara	N NAME A Harm	o n		8	9.28
15. WAS DECEASED EV	ER IN U. S. ARMED FOR Ill yes, give war ar dates of u		ocial security no. 7-10-7206		. Pearl	Bible	Rt. #		berl	and, Mo
	TH [Enter only one coust TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO			OCCI	USION				SU	BETWEEN NO DEATH DDE N
Conditions, if o gove rise to immed (o), stating the couse fast.	diate cause		CORONARY	Y SC	CLEROSIS					
CATIO	HER SIGNIFICANT COND			***************************************				IVEN IN PART		ERFORMED?
20g. EXTERNAL CAL PRIMARY OF COI CAUSE OF DEATH.	NTRIBUTING []	DESCRIBE	HOW INJURY OCCUR	ED. (Enle	er nature of injury in	Port I or Part I	of item 18.)			
20c. TIME OF INJUI Hour o.m. p. m.	RY Month, Doy, Year	While	Not while of work		OF INJURY (Home, f , street, affice bldg.,		y or town)	(Coun	nly}	(Stote)
	hat I taok charge resulted from: N						nspection X	. ,	Control .	and in my
ACTUAL SIGNATURE	Benedict	-DA	Estarely	)	ASSISTANT MEI				DA	ATE SIGNED
	ENEDICT S		RELIC, M.		DEPUTY MEDIC					, 1961
Burial (Specify)	8/27/61		Mt. Herm		Cemetery	Nr.	-	land.	Md.	(Stote)
23. FUNERAL DIRECTOR H. Wayn	rs signature ne George	Cumi	berland,	Md.	24o. R	AUG 2		arthur 2		A

SEET MEDICAL EXAMINATES CERTIFICATE OF DEATH . I I I TO COME 194 - 420 0 6 0000 The course in policy with the course A STATE OF LOCAL CONTRACT OF THE STATE OF TH TO THE SECOND OF THE PARTY OF T THE REST OF SELECT PROPERTY OF SELECT PROPERTY.

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# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 38 CERTIFICATE OF DEATH

T+ 0 0 14 Film C2	13 8/30/61			
I. PLACE OF DEATH a. COUNTY		CE (Whare dacaasad livad, If		ce bafora admission)
	a. STATE	yland b. cour	Allega	ansr
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b		f outside corporata limits, write		
writa RURAL and give nearast town)		, , , , , , , , , , , , , , , , , , , ,		
Cumberland 3days		berland		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
Samuel II and II and II and I	7719 Mech	anic Street		YES NO
Sacred H eart Hospital	Last	4. DATE Month	h Day	Yaar
Type or print)		OF DEATH		10/-
Helen A. Br	rode	Augus	st 20,	196I
5. SEX 6. COLOR OR RACE 7. MARRIED F NEVER MARRIED 8.	DATE OF BIRTH	9. AGE (In years last birthday)	Months Days	Hours Min.
Turnita WIDOWED DIVORCED	Nov. 24. 18		Monins Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN C	F WHAT COUNTRY?
done during most of working lifa, aven if retirad)				
13. FARRES NAME	Maryland 14. MOTHER'S MAIDEN	11444P	U.S.	
13. FATHER'S NAME	14. MOTHER'S MAIDEN	NAME		
John R. Nee (D)	Lucy	O'Donnell		
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. II	NFORMANT	Address		
(Yas, no, or unkown) (Ifyasgivawarordatasofservice)	Pt's chart			
18. CAUSE OF DEATH [Enlar only one cause per lina for (a), (b), and (c).]	Fu's Charu		LIN	TERVAL BETWEEN
				SET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) left ventrcular fai	Lure			u nrs.
420,1 DUE TO				
Conditions, if any, which \ (b) acute posterior myo	cardial infa	rction		3 days
gava risa to immadiate cause				
(a), stating the underlying DUE TO				0
causa tast. (c) myocardial fibrosis				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	(EN IN PART I(a)	19. WAS AUTOPSY PERFORMED?
<u> </u>				YES NO K
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NO  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED.  OR CONTRIBUTING   CAUSE OF DEATH  OF CONTRIBUTING   CAUSE OF DEATH  OF CONTRIBUTING   CAUSE OF DEATH	(Entar nature of injury in	Part I or Part II of Itam 18.)		
OR CONTRIBUTING CAUSE OF DEATH				
		. One (0)	15. 11	(61-1-1
	CE OF INJURY (Homa, farm ory, streat, offica bldg., atc.		(County)	(State)
p.m. 19 at work at work				
21. I certify that (I) (this hospital) attended the deceased from	ugust 17	1961, to August	20 101	that (I) (we) last
	1	15PM		ate stated above
	death occured at:		and on the d	22b. DATE
278. SIGNATURE	ATTENDING /	MED STAFF _		SIGNED
Manuel mexicansu M.	D. PHYS.	DIRECTOR PHYS.	ARCHIE	
226. PHYSICIAN'S	22d. ADDRESS			
NAME (Typa)	LO Damah	ing Ct Cambos	al and Md	
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C		1.23d. LOCATION (City, to		(Stata)
REMOVAL Specific DIST.	P	D. D. D.	No On	
Burnot 10/93/6/ 184. hele 4	1 and	timered	red , 11	GA /
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS AND	25a. REC	C'D BY REGISTRAR 256. RE	GISTRAR'S SIGNA	TURE
Sohn J. Hotel Cunt. 1	CH + DATE AL	IG 2 8 '61	stling of the	
			A. Then	ue

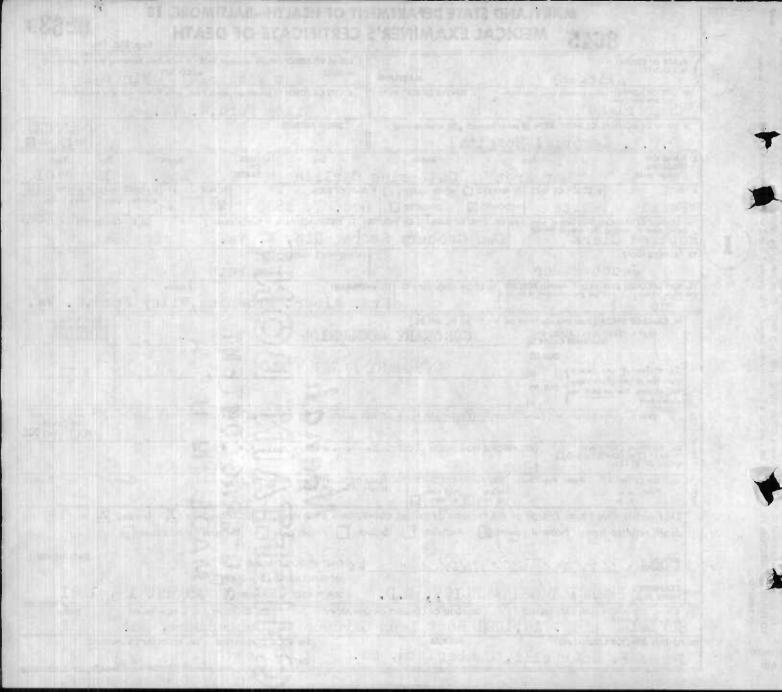
- 19 1000 a single property of the second of the second July telepis king A STATE OF THE STA How Store R Cotor

08639

8645 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rog. Dist. No.

-		LACE OF DEATH					2. USUAL RESIDENC	E (Where dece	sed lived. If Insti	tution: Reside	nce befo	re admis	sion)
	) a	. COUNTY	legany		MARYLA	AND	o. STATE Wes	t Vir	giniacoun	Min Min	era	V	/
1	b.		outside corporate limits, writ-	RURAL	c. LENGTH OF STAY IN	116	c. CITY OR TOWN	(If outside co	rporate limits, wri	RURAL and	give ne	arest tav	n)
	- (	Cumberla	nd				Wil	Ley Fo:	rd, W. V	a.	(5)	( - 3	3
1					pital, give street address)		d. STREET ADDRES	SS					SIDENCE A FARM?
		D.O.A. N	<i>lemorial</i>	Hospi	Ltal							YES	№ 🛛
1	3. N	IAME OF DECEASED	Fir	st	Middle		Last	4. DATE OF	Мог	nth	Day		ear
		Type or print)	Marga	-		_	Carlile	DEATH	alu		12		61
H	5. SE		6. COLOR OR RACE		D NEVER MARRIED		n /2 M 7	1000	9. AGE (In years last birthday)	Manths Manths	Days	Hours	R 24 HRS. Min.
		emale	White	WIDOWED		4		1888	CAS yes				
1	_ di	USUAL OCCUPATION or ing most of working the CI	life, even if retired)	OWY	nd of Business or IN		ore Rio	227 77	country)		SA.	WHAT	COUNTRY?
Л		FATHER'S NAME					14. MOTHER'S MAIDE						
		Jaco	b Baker				I	Elizab	eth ??	?			
			R IN U. S. ARMED FO		SOCIAL SECURITY NO.	17. IN	FORMANT	- 1	Addre	55			
	(140)	no	in yes, give war or outes or	20.11/CBJ		Mr	s. Albert	Brow	ning,Wi	ley F	ord	,W.	Va.
			H [Enter only one cau	use per line f				77			INTERV	AL BETWE	EN TH
		PART I. DEATH WAS CAUSED BY:  CORONARY OCCLUSION  SUDDEN											
		420	DUE TO	550				947:11 2					
		Conditions, if an			CORON	ARY	SCLEROS	IS					
		gove rise to immedi (a), stating the u											
		couse last.	) (c)										
	S S	PART II. OTH	ER SIGNIFICANT CON	IDITIONS CO	NTRIBUTING TO DEATH	BUTN	OT RELATED TO THE TI	ERMINAL DISEA	SE CONDITION G	IVEN IN PAR		PERFO	KWEDY
	3 .		- In	N. Decour	HOW IN HIS OCCUPA	FD 15		D. 1.1 D. 1	(( - f !) - 10 )		Υ	ES 🗌	NO POX
	🌣	20a. EXTERNAL CAU PRIMARY   or CON CAUSE OF DEATH.	TRIBUTING	D. DESCRIBE	HOW INJURY OCCURR	ED. (E	iter noture of injury in	ran I ar ran	II or Hem IB.)				
	WEDICAL	20c. TIME OF INJUR	Y Month, Day, Ye	or 20d, li While		- PLAC	E OF INJURY (Home, ry, street, affice bldg.,		ty or town)	(Car	enty)	-	(Stote)
	MEC	Hour g. m. p. m.	19		rk at wark	N							
		21. I certify th	at I taak charge	e af the r	emains described	aba	ve, held an Auto	opsy [],	Inspection 2	, Inquii	у 🔼,	and	find that
		death resulted	fram: Natural	causes X	, Accident ,	Suid	ide 🔲, Homic	ide 🔲, l	<b>Indetermined</b>	cause			
			1'1	11.	+ 11	,						DATE S	IGNED
		SIGNATURE 2	enedict	LIR	Marelia		_M.D. CHIEF MEDICA		Company of the Compan				
		EXAMINER'S BE	NEDICT S	KITAR	ELIC?. M.	D.	ASSISTANT ME	DICAL EXAMINER		ist 12	2, 1	1961	
	220.	BURIAL CREMATION	N, 22b. DATE THEREC	OF	22c. NAME OF CEMETER	Y OR	CREMATORY	22d. LOC	ATION (City, town	, or county)		(State	)
1	]	REMOVAL (Specify)	Aug. 16	3,196	1 Rest Lav	vn	Gardens	Cum	berland	, Md.			
)	23.	FUNERAL DIRECTOR"	SIGNATURE		ADDRESS	7.1		REC'D BY REGI		GISTRAR'S SIG	SNATUR	E	
1		James F.	Scarpel	li, C	umber land,	, IV.	DATE	MG 1 6 '	51 a	Thung of	K		

VS. A15ME(5) 5M 9/55



n ed in by the funeral Peges 1 and 2 should PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the hospital or attending physician.
This certificate has been signed by the attending physician at Completely ned in by the funeral der use as the burial-transit permit. Then please remove care in papers. Pages 1 and 2 should slith prior to burial, cremation, or removal, and it any event, within 72 hours after death. TO HOSPITAL OR ATTENDING

death. Plet 4 may be retained by

TO FUNDARI. DIRECTOR: X

director, page 3 should be detached

be filed with the State Dept. of Hea

15M 9/60

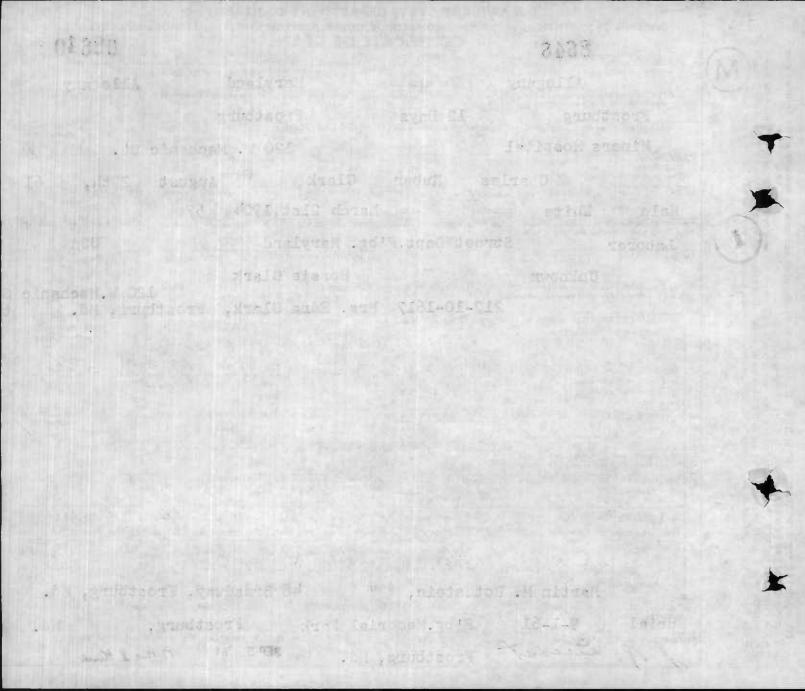
# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

(1854)

	PLACE OF DEATH						If institution: Residence before admission)
	a. COUNT	Allega	nv	MARYLAND	e. STATE	yland b. co	Allegany
		f outside corporete lim give neerest town)		LENGTH OF STAY IN 16			rite RURAL end give neerest town)
		tburg		12 Days	22 Fro	stburg	
	d. NAME OF HOSPI	TAL OR INSTITUTION	(if not In hospitel,	give street address)	d. STREET ADDRESS		e. IS RESIDENCE
_		rs Hospit	al		12	O W. Mechar	on a farm? YES NO X
3.	NAME OF DECEASED (Type or print)	First		Middle	Lest	4. DATE Mo	nth Day Yeer
_			arles	Ruben	Clark	DEATH Augus	t 29th, 19 61
5.	SEX	6. COLOR OR RACE			L DATE OF BIRTH	last birthdey	
10-	Male	White	WIDOWED		arch 21st,		
do	ne during most of wo	ON (Give kind of work	ed)	OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Cou	nty & State, or foreign count	12. CITIZEN OF WHAT COUNTRY?
	Laborer		Stree	t Dept.F'h	g. Marylar	nd	USA
13.	FATHER'S NAME				14. MOTHER'S MAIDEN	NAME	
		Unknown			Bessie C	llark	
		ER IN U.S. ARMED FOR		IAL SECURITY NO. 17.	INFORMANT		oss 100 W Washanda
(Ye	s, no, or unkown) (I	fyesgive wer or detes of s	0.7.0	10 1617 1	ma Tidus C	17 amla maa	" 120 W.Mechanic
=	18 CHUSE OF D	EATH (Enter only one		TO-TOTA   V	Irs. Edna (	Tark, Fro	stburg, Md.
		H WAS CAUSED BY:	D	1 -	. 0	11 /	ONSET AND DEATH
		IMMEDIATE CAUSE (a)	Jus.	mouth	+ Venca	rdelles	For lux.
	560.5	DUE TO		0	-		
4	Conditions, if eny	, which ) (b)	(Insta	Compleed	Tren - (1)	Heneorling	16 5 days
	geva rise to immedi	DUE TO					7
	(a), stating the u	nderlying					
z		SIGNIFICANT COND	TIONS CONTRIB	UTING TO DEATH BUT NO	OT RELATED TO/THE TERM	INAL DISEASE CONDITION O	GIVEN IN PART 1(e) 19. WAS AUTOPSY
CATIO	18 Cha	upileren	7 77.	Morain	11 1 1		PERFORMED? YES NO
CERTIFICATION	OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH		HOW INJURY OCCURED	. (Enter nature of injury in	Part I or Pert II of item 18.)	
		MEDICAL EXAMINER	1				
MEDICAL	Hour a.m.	RY Month, Dey, Ye			CE OF INJURY (Home, far fory, street, office bldg., et		(County) (State)
		hat (I) (this hospi	tal) attended	the deceased from	8/21/61	19 to 8	129., 19.64, that (I) (we) last
							s and on the date stated above.
	220. SIGNATURE	()	1	\ /			22b. DATE/
	1/11	· (11. 12	10.11	Vc. 6,6.		MED. STAFF DIRECTOR PHYS.	2/3 SIGNED
	22c. PHYSICIAN'S	at and	Fun	1 Elst not v	22d. ADDRESS		0/30/61
	NAME (Type)	Martin M	1. Roth	stein, "		Broadway, I	Frostburg, Md.
23-	ALIRIAL CREMATI	ON, 23b. DATE THE		. NAME OF CEMETERY		23d. LOCATION (City,	
]	REMOVAL (Specify)	9-1-61		'bg.Memori		Frostbu	
-	FUNERAL DIRECTOR		~/	ADDRESS	25e. RE	C'D BY REGISTRAR 25b.	
	1. 19.	Durs	7 17	rostburg,	Md. DATE S	EP 5 '61	O-Thur S. Kraus
L	1.1.		· P	roscharg,	LICE DANK		a, / walle



# FOR STATE **HEALTH DEPT**

director. Page or your files.

INER: This certificate should be executed within 24 hours after decay the word "pending" in pencil in Item 18. Give Pages 1, 2, and helf Medical Examiner's Office along with form PM3. Page 5 m pe? 3 should be used as a burial-transit permit. File pages 1 and 2/w burial, cremation, or removal, and in any event within 72 hours. please electric the certificate, 4 should be forwarded to the place TO FUNERAL DIRECTOR: Page or its designated agent, prior to WEDICAL EXAM TO DEPU

VS. AISME SM 9/60

# MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 08841

1. PLACE OF DEATH OO	41			CE (Whare decaased		sidence before edmission)
ALLEGANY		MARYLAND	a. STATE	TT A	b. COUNTY	TD A'T
b. CITY OR TOWN (if outside write RURAL and give nea		TH OF STAY IN 16		f outsida corporate li	MINH mits, write RURAL end	
CUMBERLAN	D NC	ONE	135 M	AIN STREET	r RIDGELE	CY, W. YA.
d. NAME OF HOSPITAL OR IF	NSTITUTION (if not in hospital, giva s	street address)	d. STREET ADDRESS	COUNTRAIN	SEY	o. IS RESIDENCE
DOA MEMORIAL		Middle		STREET	000	YES NO A
DECEASED	LIAM FOREST		Last	4. DATE OF DEATH	Month	Dey Year
***************************************		CLARK	DATE OF BIRTH		AUG.	21 19 61 EAR   IF UNDER 24 HRS.
	OR OR RACE 7. MARRIED X NEVE HITE WIDOWED _		PT.16.1879		tak days	ays Hours Min.
10a. USUAL OCCUPATION (Give		SINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZ	EN OF WHAT COUNTRY?
RET. BOILERMAKE		D	MARYLA	ND		USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
WILLIAM H				NNAH POLAN		
15. WAS DECEASED EVER IN U.S (Yas, no, of unkown)   (Ifyesgivan		CURITY NO. 17. IN	IFORMANT		Address	
NO	1705-0		EDERICK T. C	LARK KI	EYSER, W. VA	
18. CAUSE OF DEATH [F	inter only one cause per line for (e),		7.77.77.7.7.7			ONSET AND DEATH
	TE CAUSE (a)	ONARY O	CCLUSION			SUDDEN
Tad.	DUE TO	TOTAL OTTAL	COLDDOG			
Conditions, if any, which gove rise to immediate cause	(D)	CORONARY	SCLEROSI	.5		
(e), stating the undarlying	> DIJE TO					
cause lest.	) (c)					
PART II. OTHER SIGNIFIC	CANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT	RELATED TO THE TERMIN	NAL DISEASE CONDI	ION GIVEN IN PART 1	PERFORMED?
<u>\sqrt{\sq}}}}}}}}}}}}}} \sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}}}}} \sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}}} \end{\sqrt{\sqrt{\sq}\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}}}} \end{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}} \sq</u>						YES NO
PART II. OTHER SIGNIFIC  20a. EXTERNAL CAUSE WA PRIMARY Or CONTRIBUTI CAUSE OF DEATH.	S DESCRIBE HOW IN	NJURY OCCURED. (En	ler natura of injury In Part	t I or Part II of Itam 18	.)	
0	onth, Day, Year   20d. INJURY OC WhileNot W		E OF INJURY (Home, farm y, street, offica bldg., etc.		rn) (Count	ty) (Stete)
Hour e.m.	While Not W	11110				
21. I certify that I too	k charge of the remains desc	ribed above, held	an Autopsy ,	Inspection X	Inquiry X	and in my opinion
death resulted from:	Natural causes Accid	ent , Suicid	le, Homicide	, Undetern	nined manner	
1	// '	_ ,	CHIEF MEDICAL E	EXAMINER [		
ACTUAL SIGNATURE SEN	edict Skita	relied	M.D. ASSISTANT MEDI	CAL EXAMINER		DATE SIGNED
FYRMINED'S			DEPUTY MEDICAL	EXAMINER X	August 23	1, 1961
NAME (Typa) BEI	NEDICT SKITAREI				Cumberlar	
REMOVAL (Spacify)		NE OF CEMETERY OR		22d. LOCATION (C	City, town, or country)	(Stata)
BURIAL AU	F. 24,1961 HILL	CREST BUF	RIAL PARK	D BY REGISTRAR	ND MEGISTRAR'S SIG	NATURE
BYRON KIGHT	CUMBERLAND,			UG 2 8 '61	arthur S.	
		1100	I DATE M	MA M	2001	

\*ABST The state of the s India, in James Assessment MANAGER AND LANGUE OF THE STATE OF THE STATE

a IS RESIDENCE ON A FARM? YES NO TO

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PERFORMED? YES NO IN

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S 258 Disvett .T. Intropol armitt The Castage of the 1381 S.oul , Day - (2 -- of hat offer Schenber, M.V. . Technics SEC-OF-CVIE LEGET W. COLLEGE, Eb. SEVIEW. IE. which and the own theorem the law in the same in the same . AT A THE TAX SEE THE PARTY OF THE PARTY OF

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b RIDGELEY, W. VA RIDGELEY, W. VA MEMORIAL &WARWICK AVE. RT#1. NAMEOF Middle Last 4. DATE Month DECEASED OF BABY BOY CRIDER (Type or print) DEATH AUGUST 5. SEX AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH last birthday) Months WIDOWED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired CUMBERLAND, MD. U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CURTIS M. CRIDER BETTY J. MILLER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Addrass (Yas, no, or unkown) | (If yes give war or datas of sarvica) HOSPITAL, CUMBERLAND . MD . 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO gava risa to immadiate causa DUE TO (a), stating the undarlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING IT 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, streat, offica bldg., etc. Whila Not Whila Hour a.m. at work at work ....., 19...., that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from ... , and that death occured a \$2.100, when the causes and on the date stated above. saw the deceased alive on 22 SIGNAZO ATTENDING DIRECTOR PHYS. PHYS. M.D. Ze. PHYSICIAN'S 22d. ADDRESS NAME (Typa) 63 GREENE ST., CUMBERLAND, MD. LELAND RANSOM BURIAL, CREMATION. CREMATORY

VR A15 (4) 15M 9/60

250. REC'D BY REGISTRAR DATE

a. IS RESIDENCE ON A FARM?

YES NO

1961

NO

(State)

DATE

SIGNED

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69 GREETE ST., CUILERLAND, M.

COUNTY OF STREET

complete and in by the funeral in papers. Mages 1 and 2 should thin 72 hours after death The law requires that the death certificate be executed within 24 hours after d. completel; A by the hospital or attending physician.

This certificate has been signed by the attending physician are not use as the burial-transit permit. Then please remove called for use as the burial-transit or removal, and in any event, PHYSICIAN: ATTENDING 4 may be retained by DIRECTOR: 4 Second by State Dept. of h death. Fage 4 red Fundamental August 3 director, page 3 be filed with the

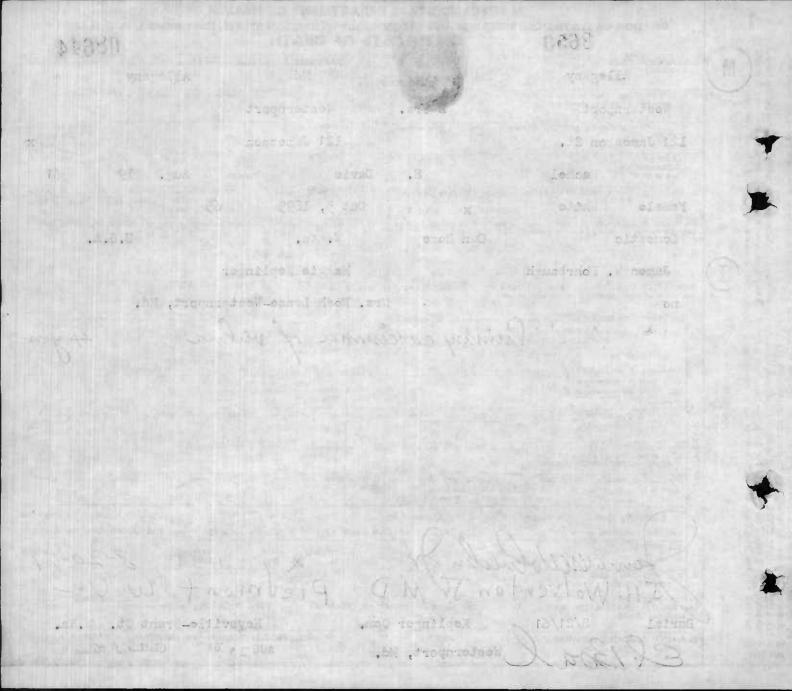
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# MARYLAND STATE DEPARTMENT OF HEALTH

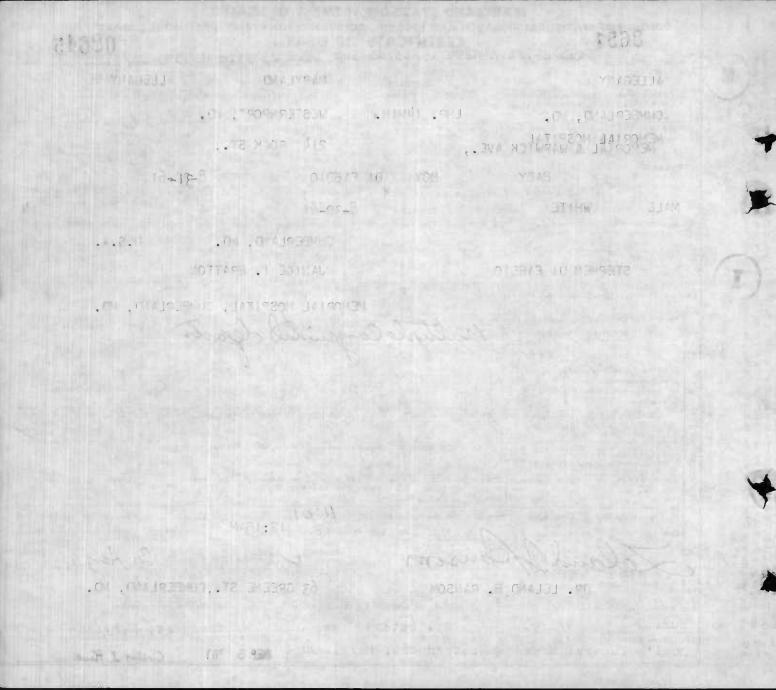
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

8650 CERTIFICATE OF DEATH

								1	
1. PLACE OF DEATH a. COUNTY All	egany		MARYLAN	a. STATE Md.	ENCE (Where dece				
b. CITY OR TOWN (if	outside corporete limits give reerest town)	s, c.	2 Yrs.	c. CITY OR TOW	N (If outside corpora	ita limits, write	e RURAL end give	neerest tow	vn)
d. NAME OF HOSPITA	on St.	f not in hospitel	, give street eddress)	d. STREET ADDR 121 Jan				ON	ESIDENCE A FARM?
3. NAME OF DECEASED	First		Middle	Last	4. DATE	Month	n Dey	Yee	,
(Type or print)	Rachel		S.	Davis	OF DEATH	Aug	. 19	19	61
5. SEX Female	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED	8. DATE OF BIRTH Oct 5, 189	1	AGE (In years as birthday) yrs.	Months Deys	IF UNDER Hours	Min.
10a. USUAL OCCUPATION done during most of world Domestic	ON (Give kind of work king life, even if retired	4)	of Business or Indu	JSTRY 11. BIRTHPLACE (C	County & State, or for	eign country)	12. CITIZEN C		COUNTRY?
13. FATHER'S NAME		,		14. MOTHER'S MAIL	DEN NAME				
James W.	Rhhrbaugh			Maggie I	Keplinger				
15. WAS DECEASED EVER			CIAL SECURITY NO. 1	7. INFORMANT		Address			
no	resgive war or datesurse	11 1100)	1	Mrs. Noah Les	ase-Wester	nport,	Md.		
Conditions, if any, geve rise to immedie (e), steting the un ceuse lest.	derlying DUE TO	TIONS CONTRIB		T NOT RELATED TO THE TE	RMINAL DISEASE CO	ONDITION GIV	/EN IN PART 1(a)	19. WAS /	AUTOPSY DRMED?
PART II. OTHER  20e. ACCIDENT WA OR CONTRIBUTING I OF EITHER, NOTIFY  2Dc. TIME OF INJUR Hour a.m.	CAUSE OF DEATH	ır   20d. INJU	JRY OCCURRED   20e.	JRED. (Enter neture of injury PLACE OF INJURY (Home, fectory, street, office bldg.	ferm, ; 2Df. (City o		(County)	YES [	NO (State)
Hour a.m.	19	While et work	Not While et work	sectory, street, office bidg.	, 810.7				
21. I certify th	at (I) (this hospita			that death occured a  M.D. ATTENDING PHYS.  22d. ADDRESS	MED			ate state	
239 BURIAL, CREMATIC	N, 23b. DATE THER	EOF 23	C. NAME OF CEMETE	RY OR CREMATORY	23d. LOCAT	ION (City, to	wn or county)	(S	itete)
Burial (Specify)	8/21/61	13	Keplinger (	Jem.	Maysvi	lle-Gr	ant Ot.	W. Va.	•
24 FUNERAL DIRECTOR	SIGNATURE	West	ADDRESS ernport. Me		AUG 23 6		GISTRAR'S SIGNA CITTLES & H		



	MAR	YLAND STATE DE	PARTMENT C	F HEALTH		
DIVISION 6	Item 24. Film	CERTIFICATE	OF DEAT	07 7:3	0	8645
1. PLACE OF DEATH	H NY	MARYLAND	2. USUAL RESIDE	ND	ALLEGANY	dence before admissio
Write KUKAL end	(if outsida corporate limits, d give neerest town) AND, MD,	LHR. 14MIN.	110	NPORT, MD.	ts, write RURAL end gi	ve neerest town)
d. NAME OF HOSPI	A HOSPITAL	nospital, giva street address)	d. STREET ADDRES	OCK ST.,		o. IS RESIDENCE ON A FARM
3. NAME OF DECEASED (Typa or print)	First BABY	BOY DI	FABBIO		FD-61	Year 19
5. SEX MALE	WHITE WIDON		8-30-61	9. AGE (I last bir	n yeers   IF UNDER 1 YE.  Months   Dey yrs.	
done during most of wo	TION (Give kind of work orking life, even if retired)	KIND OF BUSINESS OR INDUSTR	CUMBERL	AND, MD.	U.S.A	N OF WHAT COUNT
13. FATHER'S NAME	PHEN DI FABBIO		14. MOTHER'S MAID!  JANICE	I BRATTON		
Conditions, if engeve rise to immed (e), steting the causa last.  PART II. OTHE	diete causa underlying DUE TO	ONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TER	W	ON GIVEN IN PART 1(e	PERFORMED
OR CONTRIBUTING	VAS UNDERLYING   20b. E	ESCRIBE HOW INJURY OCCURED	. (Enter nature of injury	in Pert I or Part II of item	18.)	YES NO
20c. TIME OF INJU Hour e.m. p.m.	W	d. INJURY OCCURRED   20e. PLA hile Not While fact york et work	CE OF INJURY (Home, fory, street, office bldg.,	arm, 20f. (City or town etc.)	) (County	) (Stete)
21. I certify saw the decea 22a. SIGNATORE 22c. PHYSICIAN'S NAME (Type	and of		ATTENDING PHYS.  22d. ADDRESS	19 to 12: 15 Afform the company of the company o	sauses and on the	date stated about 22b. DAT SIG.
REMOYAL (Specify Burial  24 FUNERAL DIRECTO	R'S SIGNATURE	23c. NAME OF CEMETERY St. Peters ADDRESS	25e.	Western	City, town or county)  COPT Mary  Bb. REGISTRAR'S SIG	(State)
	+ 7 x v 2	Westernport, A	Maryland	SEP 5 '61	Orthug &	

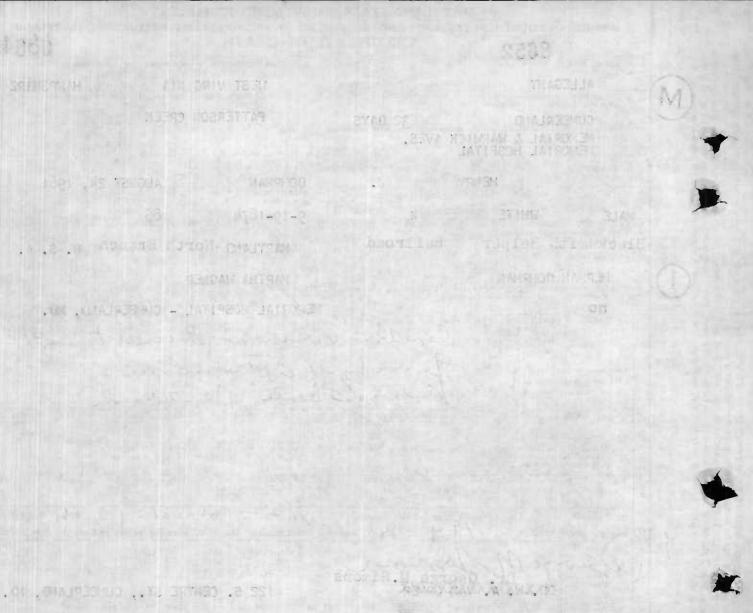


# funeral the d 2 .5 certificate physician please e attending g Then please 2 law requires that the death physician. signed by attending certificate has been r use as the burial-tr CERTIFICATION S O the FUN! 0.50

VR A15 (4)

15M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS. CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) e. COUNTY e. STATE b. COUNTY ALLEGANY HAMPSHIRE MARYLAND WEST b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give neerest town PATTERSON CREEK d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE MEMORIAL & WARWICK AVES. ON A FARM? YES NO X HOSPITAL NAME OF 4. DATE Middle DECEASED (Type or print) DEATH AUGUST 196 **DOHRMAN** AGE (In years | IF UNDER I YEAR 6. COLOR OR RACE | 7. MARRIED IF UNDER 24 HRS. 8. DATE OF BIRTH NEVER MARRIED lest birthdey) Months Hours Doys DIVORCED WIDOWED YES. MALE WHILE ... 12. CITIZEN OF WHAT COUNTRY? 1Db. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) MARYLAND -North Branch Blacksmith Helper Railroad 13. FATHER'S NAME 16. SOCIAL SECURITY NO. 17. INFORMANT HERMAN DOHRMAN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no, or unkown) | (If yes give wer or detes of service) - CUMBERLAND, MD. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] ONSET AND DEATH I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO geve rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY PERFORMED? NO 2De. ACCIDENT WAS UNDERLYING [] 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (Stete) Month, Dey, Yeer factory, street, office bldg., etc.) Not While While Hour e.m. et work et work to 8 / 2 , 19 m/s, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from.... saw the deceased alive on. 22b. DATE SIGNATURE SIGNED ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. .Simons 22d. ADDRESS 22c. PHYSICIAN'S 122 S. CENTRE ST., CUMBERLAND, MD. 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Fort Ashby, W. Fort Ashby Cemetery 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE James F. Scarpelli, Cumberland, Md. DATE AUG 3 1 '61 Cethur S. Kraus



Duried Territory and the ferry fort maker, H. Ve-

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The law requires that the death certificate be executed within 24 hours after pletely, fled in by the fundamental papers. Rages 1 and 2 single 72 hours after death. ompletely by the hospital or attending physician.
This certificate has been signed by the attending physician and hed for use as the burial-transit permit. Then please remove calleath prior to burial, cremation, or removal, and in any event, PHYSICIAN: OR ATTENDING may be retained by TO HOST FAL OR ATTENDIN

death. If A may be retained)

TO FUNEARL DIRECTOR

director, page 3 should be delt

be filed with the State Dept. of P the State Dept. of

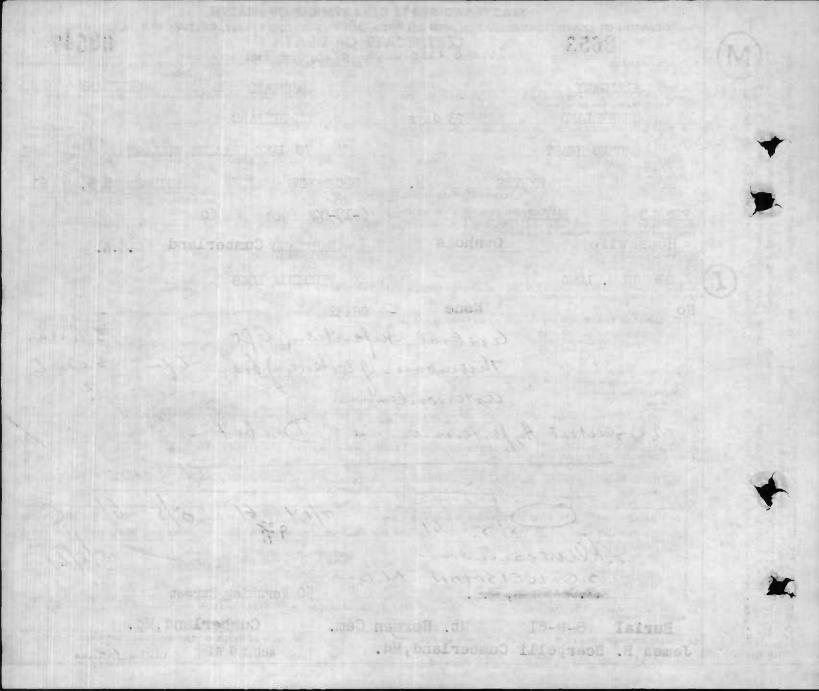
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			MARYL	AND STATE DE	EPARTMEN	T OF HEA	LTH			
		653	RESEAR	CERTIFICAT	6, 301 W. PR		ET, BALTIMOR	E 1, MARY	HAND	7
1	PLACE OF DEATH		Iter	m 8 Film G29	2 8/15/	61 jwk	e deceased lived, If Ir	etitution, Pasida	nce before e	dmission
	e. COUNTY				e. STATE	BIDLITCE (When	b. COUNT	Y		January 1
_	h CITY OR TOWN	GANY outside corporete limit		maryland c. LENGTH OF STAY IN 1b	- CITY OF	ARYLAND	corporete limits, write	AL LEG	MY	(n)
	write RURAL end	give neerest town)	"	c. scholl of SIAT IN ID	0	TO WIN (II COISING )	- Corporate Hilling, Willia	KOKAE elid give	neereal low	,
		ERLAND AL OR INSTITUTION (ii	not in hospit	23 days	d. STREET A	UMBERTA NI	D		Le IS RE	SIDENCE
1			nor in nospi	iol, givo sircol obdioss,				16-21-9	ON	NO T
3.	NAME OF	ED HEART		Middle	Last	O JANE F	RAZIER VIL	LAGE		- (1)
	DECEASED (Type or print)					OF DEA			ح 19	
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	DUCKWOH 8. DATE OF BIRTH		9. AGE (In years	IJST SK	-	24 HRS.
	1000				8. DATE OF BIRTH	1	lest birthday)	Months Deys	Hours	Min.
	USUAL OCCUPATI	ON (Give kind of work	I 10b. KIN	D OF BUSINESS OR INDUST	RY   11 BIRTHPLAC	1901 E (County & State	or foreign country)	1 12. CITIZEN	OF WHAT C	OUNTRY?
do	ne during most of wor	rking life, even if retired	1)	home						
13.	Housewi FATHER'S NAME	1.e	OWI	шоше	14. MOTHER'S		berland	ULS.A	•	
15.	GEORGE W	LONG	CES?   16. SC	OCIAL SECURITY NO. 17.	VTRG	INIA LONG	Address			-
(Ye	s, no, or unkown) (If	yes give wer or detes of se	rvice)							
N		EATH [Enter only one		e for (e), (b), and (c),	CHART			111	TERVAL BET	WEEN
	PART I. DEATH	WAS CAUSED BY:	6	- 6 - P - N	for tro	1- 600x	-	-9	NSET AND E	
	333	IMMEDIATE CAUSE (e)_	cer	elval yu	fanted	7,			202	
	Conditions it	DUE TO	74	Men Ragal	of arter	cerd for	a. Gl	_ 3	Cue	0
	Conditions, if any geve rise to immedia	ate cause	, ,	vocavo ao	9 001-	7000	ine,			-رح
	(e), steting the ur	nderlying DUE TO	an	Henry Par	0			15000	4	
z		SIGNIFICANT CONDIT	IONS CONT	RIBUTING TO DEATH BUT N	OT RELATED TO TH	E TERMINAL DISEA	ASE CONDITION GIVE	N IN PART 1(e)	19. WAS A	UTOPSY
TIO	6,11	rectal H	10->	40 0.		Drake	fe	2001	PERFC	RMED?
IFIC/		AS UNDERLYING	20b. DESCI	RIBE HOW INJURY OCCURE	D. (Enter neture of i	injury in Pert I or P	ert II of item 18.)		113 []	A
CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH								
	20c. TIME OF INJU		r   20d. IN	JURY OCCURRED   20e. PL	ACE OF INJURY (H	ome, ferm, 1 20f.	(City or town)	(County)	-	(Stete)
MEDICAL	Hour e.m.		While et work		ctory, street, office b	oldg., etc.)		,		
2	p.m.	19			7/1	4 19.61	· 8/5	196/	that (IV(	No.
			S S	ed the deceased from	a double occurs	939				
	22e. SIGNATURE	ed alive on		19.6/, and tha	death occure	d all. www.	rom life causes a	and on the c	226	DATE
	228. 31011410	Klivec	suc	0-	M.D. PHYS.	MED.	STAFF PHYS.	8	18/1	SIGNED
	22c. PHYSICIAN'S	3.0.11	FISA	YAN M.	22d. ADDR				/ -	
	NAME (Type)	S. M. Incohor	n No	),	5	O Pershir	ng Street			
23	BURIAL, CREMATIO	ON, 23b. DATE THER	EOF	23c. NAME OF CEMETERY			OCATION (City, tow	n or county)	(S	tete)
	REMOVAL (Specify)	8-9-61		Mt. Herman	Cem-	Cun	mberland.	Md.		
24	FLINERAL DIRECTOR	'S SIGNATURE		ADDRESS		25e. REC'D BY RE	GISTRAR 256. REG		ATURE	
	James H.	Scarpell:	L Cum	berland, Md.		DATE AUG 1	0 '61 (	Lithur S. +	Time	

DATE

arthur S. Kraus



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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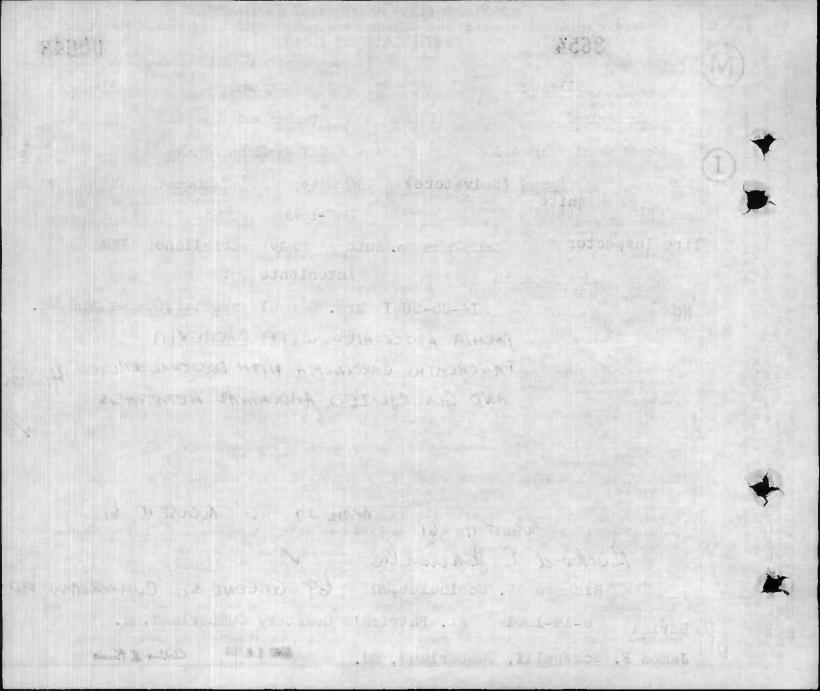
CERTIFICATE OF DEATH 8654 08648

1	PLACE OF DEATH  a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
		a. STATE b. COUNTY
-	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest yown)
	Cumberland 11 days	O2 Cumberland
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS  a. IS RESIDENCE ON A FARM?
-	Sacred Heart Hospital	611 Woodlawn Terrace YES NO 13
)	DECEASED	Lest 4. DATE Month Day Yeer OF
	Samuel (Salvatore)	ESDOSITO August 19 61 August 19 Augu
1	White MARKIED MEYER MARKIED	DATE OF BIRTH  9. AGE (In yeers IF UNDER YEAR IF UNDER 24 FIRS. lest birthdey)  Months Days Hours Min.
-	male   Italian   WIDOWED   DIVORCED	1-23-1893   68 yrs.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	ire Inspector   Kelly Tire Co.(A)	ito Italy Marigliano USA
1	3. FAITER 3 NAME	14. MOTHER'S MAIDEN NAME
-	Ralph Esposito  5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. 1	Antoniento ?
(	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	
=	No 214-05-982I	Mrs. Samuel Esposito, Cumberland, Md.
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).)  PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	IMMEDIATE CAUSE (a) ANEMIA ASSOCI	ATED WITH CACHEXIA
	DUE TO PANAGOS OF A	as and surell busselfal England
	Conditions, if eny, which geve rise to immediate cause	RCINOMA NITH DUDDENAL EROSION HUNGEL
	(a) stating the underlying > DUE TO	ZED ABDOMINAL METASTASIS.
		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
SICATION.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	PERFORMED?
Į,	200. ACCIDENT WAS UNDERLYING [7]   200. DESCRIBE HOW INJURY OCCURED	YES NO W
CEDT	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	, [Enter neture of injury in real for real if of hem to.]
13		ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) tory, street, office bldg., etc.)
10274	Hour a.m. While Not While p.m. 19 et work et work	ory, shear, other brogs, order
	21. I certify that (I) (this hospital) attended the deceased from.	APRIL 27 , 1961, to AUGUST 11, 1961, that (1) (we) last
		death occured at
	22e. SIGNATURE	
	Richard 7. Khindler	ATTENDING MED. STAFF SIGNED
	22c. PHYSICIAN'S NAME (Type) D: 1 and The Coloring of the Physician Co	22d. ADDRESS
	Richard E. Schindler, MD	
2	REMOVAL (Specify) 3.4 3.003	
) _	Burial 8-14-1961   St. Patric	k's Cemetery Cumberland, Md.
2	4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	258. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	James F. Scarpelli, Cumberland, M	d. DATES 16 16 Oithur & Krons

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after by the hospital or attending physician.
This certificate has been signed by the attending physician and the for use as the burial-transit permit. Then please remove a ealth prior to burial, cremation, or removal, and in any event, TO HOSPITAL OR ATTENDING death. PT. 4 may be retained by TO FUNNIAL DIRECTOR. 4 director, page 3 should be detained by be filed with the State Dept. of PS.

inpletel, red in by the funeral papers. Ages I and 2 should in 72 hours after death.

completel



### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) a. STATE b. COUNTY MARYLAND EST VIRGINIA OKTOWN (If outside corporata limits, write RURAL and give neerest town) b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 write RURAL end give neerest town) CUMBERLAND DAYS ROMNE Y e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? MEMORIAL HOSPITAL YES NO Middle 4. DATE Month Year OF 1961 DEATH AUGUST DELPHA 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthday) Months Dave Hours WIDOWED X DIVORCED YES. 10a. USUAL OCCUPATION (Giva kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY County & State, or foreign country) done during most of working life, even if retired) U.S.A. W. VA. 14. MOTHER'S MAIDEN NAME WILLIAM BEAN FLORENCE ELY 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of service) CUMBERLAND. HOSPITAL MD. MEMORIAL. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: One morth IMMEDIATE CAUSE (e) Conditions, if any, which geve rise to immediate cause DUE TO (a), steting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY PERFORMED? NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW/INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (Stete) Month, Dev. Yeer tactory, street, office bldg., atc.) While Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from 14, 23 , 1961, to and 30 , 1961, that (I) (we) last 22b. DATE ATTENDING STAFF SIGNED

DIRECTOR PHYS. PHYS. M.D.

22d. ADDRESS

BALTIMORE AVE., CUMBERLAND, MD.

23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) West Va. Sept. 2.1961 Indian Mound Cemetery Romney.

**ADDRESS** 

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Romney. W. Va.

DATE SEP 5 '61 Cirthun & Kraus

25 7411110

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Purist Start Indian Sound Company Company

STREET, BALTIMORE 1, MARYLAND **DIVISION OF STATISTICAL RESEARCH** OF DEATH 9 F17m G29h 2 USUAL RESIDENCE (Where deceased lived. If institutions Residence before edmission) 1. PLACE OF DEATH e. COUNTY b. COUNTY a. STATE Allegany MARYLAND Maryland b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Midlothian Frostburg davs d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Miners Hospital 3. NAME OF 4. DATE Middle Month DECEASED DEATH (Type or print) EDWARD FIELDS AUGUST AGE (In years | IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH ast birthdey | Months 1893 White Male WIDOWED [ DIVORCED I Apr. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? physician 11. BIRTHPLACE (County & Stete, or foreign country) remove done during most of working life, even if retired) U.S.A. Coal mines Retired miner Maryland 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME please attending Emily Mallard Charles Fields 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Then (Yes, no. or unkown) | (If yes give werer dates of service) Philpot, Frostburg, 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Paro Tec ( Conditions, if any, which geve rise to immediate cause DUF TO (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY Φ CERTIFICATION 98 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of item 18.) 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, ' (County) 20c. TIME OF INJURY Month, Day, Yeer factory, street, office bldg., etc.) While Not While Hour a.m. et work at work 196/, to 196/, to lest 21. I certify that (I) (this hospital) attended the deceased from...... 19. 19. and that death occured att. M, from the causes and on the date stated above. ATTENDING 22e. SIGNATURE DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Martin Rothstein, M. D. Broadway, Frostburg, Md 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY O ip a 61 F'bg. Memorial Park Aug. 30 Frostburg, 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) SEP 1 '61 arilus S. Kraus 15M 9/60 Frostburg, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

Allegany

Dey

a. IS RESIDENCE

1961

IF UNDER 24 HRS.

ONSET AND DEATH

dan

PERFORMED?

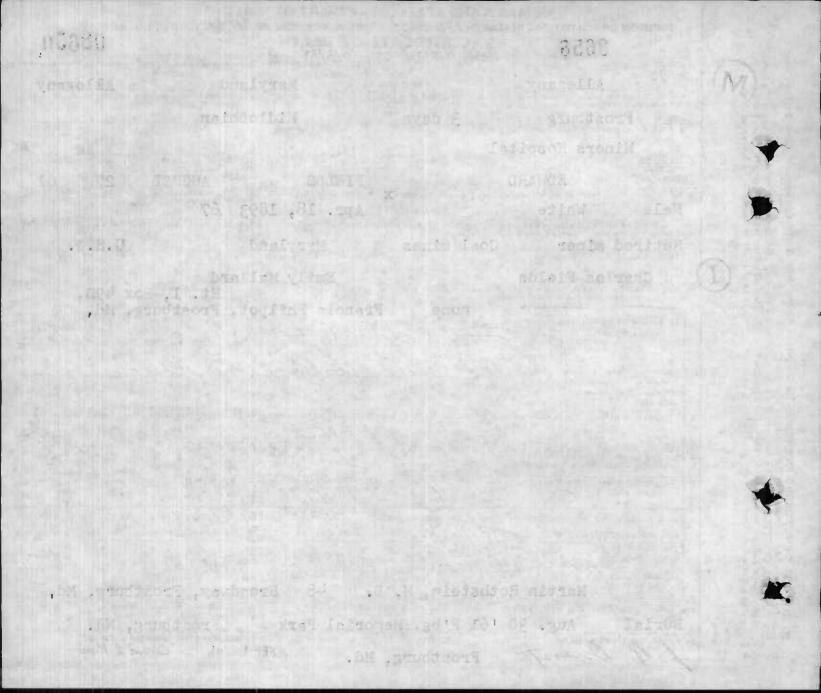
NO W

(Stete)

22b. /DATE

SIGNED

ON A FARM? YES NO THE



# complete. Med in by the funeral bn papers. Pages 1 and 2 should thin 72 hours after death. within 24 hours after TO HOSTITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed death. S > TO FUNCTAL DIRECTOR S TO FUNCTAL DIRECTOR S A Girector, page 3 should be deached for use as the burial-transit permit. Then please remove the propers. S E be filed with the State Dept. of Pleatith prior to burial, cremation, or removal, and in any event, within 72 ho

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

18651

1. PLACE OF DEATH 6. COUNTY			E (Where deceesed lived, If		nce before edmission)		
ALLEGANY		YLAND b. COUN	ALL	EGANY			
<ul> <li>b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)</li> </ul>	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporete limits, write	RURAL end give	neerest town)		
d. NAME OF HOSPITAL OR INSTITUTION (if not in ho	DAY	STREET ADDRESS	ERLAND, MD.		e. IS RESIDENCE		
MEMORIAL HOSPITAL	/ R.F.		YES NO X				
3. NAME OF First	Middle	Last	Dey				
(Type or print)  ARTHUR	JAMES	FITCH	OF DEATH AUGUS	T 12	1961		
5. SEX 6. COLOR OR RACE 7. MARRI		DATE OF BIRTH	9. AGE (In years lag birthday)	IF UNDER 1 YEAR			
MALE WHITE WIDOW		7 -18-1880	O1 yrs.				
done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County	& State, or foreign country)	12. CITIZEN	OF WHAT COUNTRY?		
13. FATHER'S NAME	lanese Corp.	ENGLAND England  14. MOTHER'S MAIDEN NAME					
EDWARD A. FITCH		FANNY BELCAM					
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16	. SOCIAL SECURITY NO.   17. IN		Address				
(Yes, no, or unkown) (Ifyes give war or dates of service)	ME	MORISL HOSPI	TAL CUMBERLA	ND, MARY	LAND		
18. CAUSE OF DEATH [Enter only one ceuse per		,			NET AND DEATH		
PART I. DEATH WAS CAUSED BY:	shal Thron	mores			4 days		
DUE TO 9/0	2-0	2./2.	0-		7 '		
Conditions, if eny, which geve rise to immediate cause	remoger (	arlenoselowers.			•		
(e), steting the underlying DUE TO							
zeuse fest. (c)	NTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINA	AL DISEASE CONDITION GIV	EN IN PART 1(e)	19. WAS AUTOPSY		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.  PREFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.  PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.  25 JUNE 1206. ACCIDENT WAS UNDERLYING 1 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Port I or Port II of Item 18.)  OR CONTRIBUTING 1 CAUSE OF DEATH II.  (IF ETHER, NOTHER MEDICAL EXAMINER)							
20c. TIME OF INJURY Month, Dey, Yeer 2Dd. Whi Hour e.m. 2Dd. Whi et wo	le Not While tactor	ry, street, office bldg., etc.)					
21. I certify that (I) (this hospital) atter	nded the deceased from	12 any , 1	961 to 13 as	4, 19 C.1	that (I) (we) last		
saw the deceased alive on	19.61, and that	death occured at.8.	25AMom the causes	and on the c	date stated above		
220. SIGNATURE William Van C	Ding M.E		ED. STAFF RECTOR PHYS.	13	3 ang. SIGNED		
22c. PHYSICIAN'S NAME (Type) DR. VAN ORME		122 So.	Centre St.	Cumb.	Md.		
23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY O		23d. LOCATION (City, to		(Stete)		
Burial 8/17/61	Hillcrest Bu		Cumberland				
24 FUNERAL DIRECTOR'S SIGNATURE H. Wayne George, Cun	aberland. Md.		D BY REGISTRAR 256. REG	othur 2. Kr			
II. wayne dedige; oun	Doziana, Ma,	DATE AU	g 17'61   a	A. 100			

1000 12831 (UNERLAND) (10. THE TANK I STATE OF THE PARTY O 13 Harris Taller William Horiza Balds Balds Balds 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 mattice films dios. delcines, core. on ELOMATION A. DELITOR CHORNEL HOSPITAL COMMERCAID, DERNALD to apolype to grant to the second of the formation 12 And 10 12 And 10 12 And 10 10 And that by a demand of the second PENSO NAV . PO . M. A. Control of the Control of th Fig. Reyre 600rgo, Smiberland, ad. Holland, and Ecology Wash

# TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FULLARL DIRECTORY So this certificate has been signed by the attending physician and complete. Miled in by the funerel director, page 3 should be detected for use as the burial-transit permit. Then please remove companies. Rages 1 and 2 should be filed with the State Dept. of Health prior to burial-transit permit. And in any exemple within 72 hours after death.

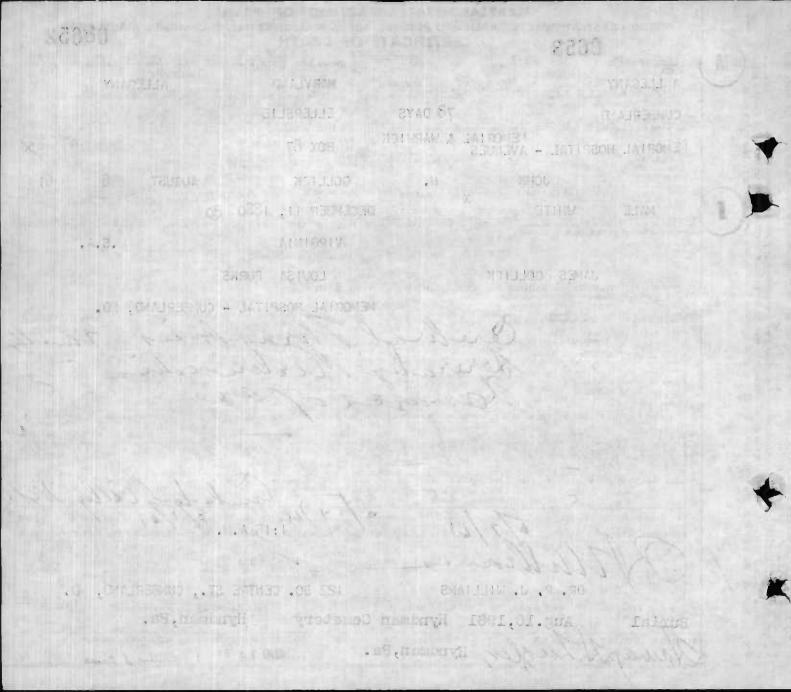
VR A15 (4) 15M 9/60

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 52

CERTIFICATE OF DEATH

	PLACE OF DEATH				CE (Where deceesed lived, If in		ce before edmission)		
1	COUNTY     A LLEGANY     MARYLAND			STATE     MARYLAND     ALLEGANY					
-	b. CITY OR TOWN (i	f outside corporete limits, .	c. LENGTH OF STAY IN 16		If outside corporete limits, write		neerest town)		
	CUMBERLAN	give neerest town)	78 DAYS	XELLERSLI	E				
-		AL OR INSTITUTION (if not in I		d. STREET ADDRESS			e. IS RESIDENCE		
	MEMORIAL & WARWICK			ONA			ON A FARM?		
-	MEMORIAL H	OSPITAL - AVENU	JES Middle	BOX 87	4. DATE Month	Dey	Year Year		
1	DECEASED		Widgie	6031	OF DEATH	_ 0			
	(Type or print)	JOHN	Н.	GOLLICK	AUGUS		19 61		
A:	S. SEX	6. COLOR OR RACE 7. MAR	RIED X NEVER MARRIED   B	. DATE OF BIRTH	9. AGE (In yeers last birthdey)	Months Deys	IF UNDER 24 HRS.		
	MALE	WHITE WIDO		ECEMBER 11,	1880 80 yrs.				
1	On. USUAL OCCUPATI	ON (Give kind of work rking life, even if retired)	. KIND OF BUSINESS OR INDUSTE	Y 11. BIRTHPLACE (Coun	nty & Stele, or foreign country)	12. CITIZEN O	F WHAT COUNTRY?		
		king no, oven a lender		VIRGINIA		U.S.	A .		
1	3. FATHER'S NAME	ME AND THE ST		14. MOTHER'S MAIDEN	NAME				
		JAMES GOLLICI	K	LOUISA	PURKS				
			6. SOCIAL SECURITY NO. 17.	INFORMANT	Address				
1	res, no, or unkown) (II	(yesgive weror detes of service)	N	EMORIAL HOSP	TAL - CUMBERL	AND. MD.			
=	B. CAUSE OF D	EATH [Enter only one cause		0 1	0 5	INT	ERVAL BETWEEN		
		H WAS CAUSED BY:	relie 1	this.	1 whore	- ON	SET AND DEATH		
	233	IMMEDIATE CAUSE (a)	7	1 0/	0	1.	- Lucian		
	Conditions, if ony, which berer, level breer, level creer,								
1	gave rise to immedi	ete ceuse	y and	~ 000	wolfness	A Se			
	(e), steting the un	nderlying DUE TO	0	1 27	Ce 50				
	couse lest.	) (c) (c)	ONTRIBUTING TO DEATH BUT NO	T DEL ATED TO THE TERMIN	NAL DISEASE CONDITION CIV	EN IN DART 1(a) 1	VZGOTIJA ZAW GI		
1	PART II. OTHER	SIGNIFICANT CONDITIONS C	ONIKIBUTING TO DEATH BUT NO	OF RELATED TO THE TERMIS	NAL DISEASE CONDITION GIVE		PERFORMED?		
13	5			Contract Con	·s		YES NO		
TA OTHER DESIGNATION OF THE PERSON OF THE PE		AS UNDERLYING   206. D	DESCRIBE HOW INJURY OCCURED	), (Enter neture of injury in	Pert I or Pert II of item 1B.)				
	(County)	n (Signo)							
	20c. TIME OF INJU Hour e.m.		hile Not White fac	tory, street, office bldg., etc.	Cry birtan	Lull	4 My		
			anded the deceased from	114/11	19, to 8/8/	6 1 19 . 1	hat (I) (we) last		
		21. I certify that (I) (this hospital) atlended the deceased from 19, to 19							
	saw the deceas	ed alive on	, and that	death occured an.x		and on the de	22b. DATE		
	12 1V	711. Wa.		DILLING ATT	MED. STAFF		SIGNED		
	22c PHYSICAN'S	Vunce	VIII N	22d. ADDRESS	ARECTOR   PHIS.				
	NAME (Type)	DR. R. J. W	PARTILI	122 50. 0	ENTRE ST., CUM	REPLAND	MD .		
=					23d, LOCATION (City, tow		(Stete)		
1	Burial, CREMATI	Aug .10,1	961 Hyndman	Cemetery	Hyndman, P		(31616)		
1	JUNERAL DIRECTOR	'S SIGHATORE '	ADDRESS		C'D BY REGISTRAR 25b. REG	SISTRAR'S SIGNA	TURE		
di	Hawers	A Leigles	Hyndman, Pa	DATE	16 1 4 '61 Cin	thur & there	4		
43		11	/						



filled in by the funeral states 1 and 2 should hours after death. OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after on papers comple ed by the hospital or attending physician.

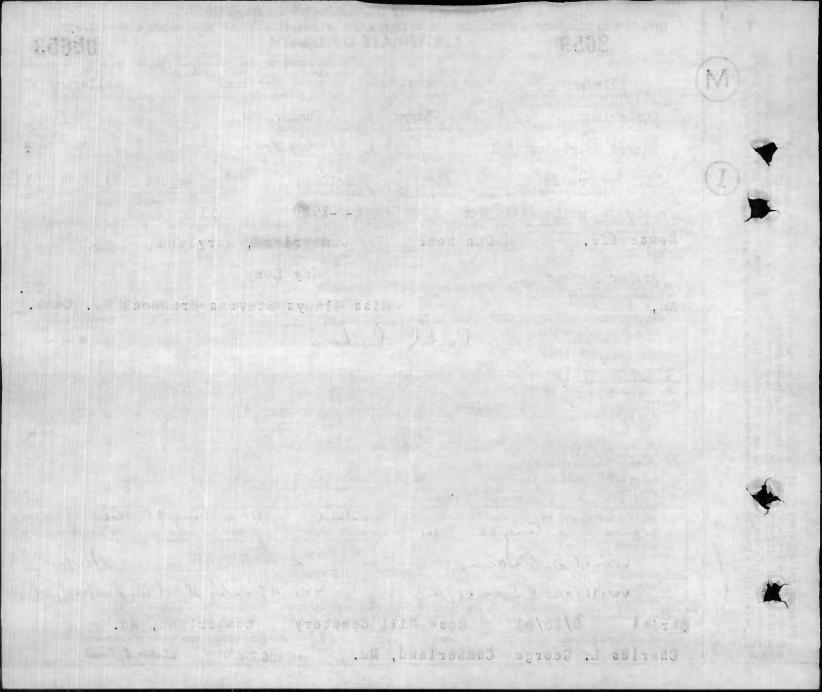
Mey this certificate has been signed by the attending physician acted for use as the burial-transit permit. Then please remove the prior to burial, cremation, or removal, and in any event, TO HOSPITAL OR ATTENDING A death, Profes 4 may be retained by TO PUY MAL DIRECTOR OF director, page 3 should be dared be filled with the

15M 9/60

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 8659 CERTIFICATE OF DEATH 08653

					0000
1. PLACE OF DEATH  e. COUNTY			NCE (Where deceesed lived, If		ice before edmission)
Allegany	MARYLAND	e, STATE	Maryland b. cou		legany
	TH OF STAY IN 16		(If outside corporete limits, writ		
write RURAL and give neerest town)		43			
Cumberland	57days	O 2 Cumbe:			
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give	street eddress)	d. STREET ADDRESS	5		e. IS RESIDENCE ON A FARM?
Conned Heart Hearital		500	Valley Street		YES NO THE
Sacred Heart Hospital  3. NAME OF First	Middle	last June	4. DATE Mont	h Dey	Yeer
DECEASED	Middle	Lasi	OF	11 009	1001
(Type or print) Orando	lay	Griffin	DEATH Aug	ust 23	19 61
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVI	ER MARRIED B.	. DATE OF BIRTH		IF UNDER 1 YEAR	IF UNDER 24 HRS.
a a lunaura	DIVORCED	1 7 3000	lest birthdey)	Months Deys	Hours Min.
female white WIDOWED W		6-7-1908	53 угз.	140 61717711	I I
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	SINESS OK INDUSTR	T H. BIRTHPLACE (Cot	anty & State, or foreign country	12. CITIZEN C	OF WHAT COUNTRY
Housewife, Own h	ome	Cumberla	and, Marylan	d US	SA SA
13. FATHER'S NAME		14. MOTHER'S MAIDEN			***
		Morri	l o m a		
Arthur Stevens		May			76.3
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SI (Yes, no, or unkown)   (Ifyes give war or dates of service)	ECURITY NO. 17. I	NFORMANT	Addres	\$	Md
No.	Mi	ss Gladys	Stevens Bra	ddock Ro	d. Cumb.
18. CAUSE OF DEATH [Enier only one ceuse per line for (a),					TERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	100	71		10	SET AND DEATH
IMMEDIATE CAUSE (e)	Wal C	ushous			2 my
DUE TO					
Conditions, if any, which (b)					
geve rise to immediate cause	-				
(a), steting the underlying DUE TO					
ceuse last. (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE CONDITION GI	VEN IN PART 1(e)	19. WAS AUTOPSY
9					PERFORMED?
O ACCIDENT MAS INTERNATION OF LOST PESSENT MAS	WILLIAM O CCURE	(F	P-14 - P-14 - C1 40 1		TES   NO PL
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Y INJURY OCCURED.	. (Enter neture of injury ii	Pert I or Pert II of item 18.)		
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OF While Not V et work et work et w			rm, ; 20f. (City or town)	(County)	(Stete)
Hour e.m. While Not V	7 11110	ory, street, office bldg., et	(c.)		
	1		1		
21. I certify that (I) (this hospital) attended the	deceased from	June,	19 Ce. 6 10 Ching.	.75., 19 Cal.	that (I) (we) las
saw the deceased alive on Que, 23 19					
22e. SIGNATURE		death occurs and		dire on me d	. 22b. DATE
		ATTENDING	MED. STAFF		SIGNED
le ellien 6 Januar	Μ.		DIRECTOR PHYS.	8	124/61
22c. PHYSICIAN'S		22d. ADDRESS			
NAME (Type)	Man n	441	M Crake St.	Cum bus	land wil
23e. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NA	ME OF CEMETERY		23d. LOCATION (City, to	wn or county)	(State)
PEMOVAL (Specify)					(21616)
Burial   8/26/61   Ro	se Hill	Cemetery	Cumberlan	d. Md.	
24 FUNERAL DIRECTOR'S SIGNATURE AL	DDRESS	25e. R	EC'D BY REGISTRAR 256. RE	GISTRAR'S SIGNA	TURE
Charles L. George Cumbe	rland, M	d.	AUG 2 8 '61 C	Esting S. Kr	MA.
Onaries L. George Cumbe	Liana, M	I DATE	400 200.	1 100	

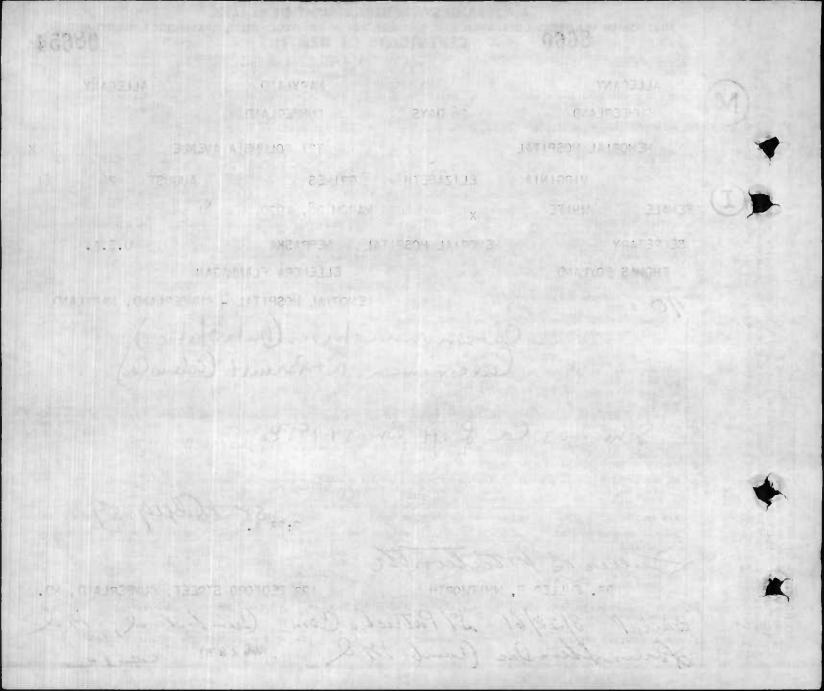


VR A15 (4) 15M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (18654)

1. PLACE OF DEATH  o. COUNIY		2. USUAL RESIDENCE (Where	deceesed lived, If institution: Reside. b. COUNTY	nca before admission)
ALLEGANY	MARYLAND	MARYLAND	ALLEGA	NY
b. CITY OR TOWN (if outside corporate limits, write RURAL and give pagest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside co	orporele limits, writa RURAL end give	neerest town)
write RURAL and give negrest town) CUMBERLAND	26 DAYS	CUMBERLAND		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	pital, giva street address)	d. STREET ADDRESS		a. IS RESIDENCE ON A FARM?
MEMORIAL HOSPITAL		721 COLUMBIA	AVENUE	YES NO V
3. NAME OF First DECEASED	Middle	Last 4. DATI		Yeer
(Type or print) VIRGINIA	ELIZABETH	GRIMES DEAT	TH AUGUST 26	19 61
5. SEX   6. COLOR OR RACE   7. MARRIE		DATE OF BIRTH	9. AGE (In yeers   IF UNDER 1 YEAR	
FEMALE WHITE WIDOWE		MARCH 28, 1920	last birthdey) Months Days	Hours Min.
1De. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & Stele,	or foreign country)   12. CITIZEN	OF WHAT COUNTRY?
	MORIAL HOSPITAL	NEBRASKA	U.S.	Α.
13. FATHER'S NAME	1001111	14. MOTHER'S MAIDEN NAME		
THOMAS BOYLAND		ELLENORA FLANI	VAGAN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16.	SOCIAL SECURITY NO. 17. 1		Address	
(1955) de Diriconi) (Il yes give wer or delas of service)		MEMORIAL HOSPITAL	- CUMBERLAND, MA	RYLAND
IB. CAUSE OF DEATH [Enter only one couse per I	ine for (e), (b), end (c).]	1 . / .		ITERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	-cin anna	- hiver(Mut	a Static	MOLI AND DEATH
DUE TO O		2.0		
Conditions, if any, which \ (b)	reinona	14+ Breust	(adeno Ca)	
geve rise to immediate ceuse			7	
(a), steting the underlying ceusa last.				
	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PART 1(a)	
Schrivous Ca	Post Bro	19171		YES NO
E 200. ACCIDENT WAS UNDERLYING   206. DES	CRIBE HOW NJURY OCCURED	. (Enter nature of injury in Pert I or Per	t II of item 1B.)	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
ZOc. TIME OF INJURY Month, Dey, Yeer   20d.			City or town) (County)	(Stata)
20c. TIME OF INJURY Month, Dey, Yeer 20d.  Hour s.m. While p.m. 19 at wor		ory, streat, office bldg., atc.)		
21. I certify that (I) (this hospital) atten		195 8	o Maring 1950	That (I) (we) last
saw the deceased alive on				
22e_SIGNATURE	and mar	dodni occurso dimini, in	on the education and on the e	22b. DATE
Juller B 18th	Lunday	PHYS. DIRECTOR	STAFF PHYS.	SIGNED
22c. PHYSICIAN'S	20000000	22d. ADDRESS		
NAME (TYPEDR. FULLER B. WH	ITWORTH	123 BEDFORE	STREET, CUMBERL	AND. MD.
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 23d LC	CATION (City, town or county)	(Stete)
Bury 8/28/61	St Patrice	les Com. (1	imperland.	MX
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	2Se. REC'D BY REG		ATURE
Loves Stein Inc	( send. 1)	DATE AUG 2	9 '61 arthur &	4
				7 Charles



VR A15 (4) 15M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (1865)

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institute a. STATE b. COUNTY	ution: Rasidenca before admission
Allegany Maryland	Maryland	Allegany
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b write RURAL and give necrest town)	c. CITY OR TOWN (If outside corporate limits, write RUR	AL and give nearest town)
Cumberland I5 Days	Cumberland	
d. NAME OF HOSPITAL OR INSTITUTION (if not In hospitel, give street address)	d. STREET ADDRESS	a. IS RESIDENCE
	706	YES NO K
Sagred Heart Hospital Middle	I I26 Arch Street	Day Year
DECEASED (Type or print)	Harnest OF DEATH	
Tilly	Harne August	2), 196 <sub>I</sub>
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED		nths Deys Hours Min.
Female White WIDOWED DIVORCED	7-15-77	70 10000
a. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)	RY 11. BIRTHPLACE (County & State, or foreigh country)	2. CITIZEN OF WHAT COUNTR
Homemaker for Sister	We as a We sens town	
. FATHER'S NAME	14. Mother's Madden Name	U.S.
(-)	Lana Koontz	
Andrew Harne (D)  5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address	
es, no, or unkown) (Ifyesgivewerordatesofservice)	7001033	
No	Pt's Chart	
		INTERVAL BETWEEN
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]		ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:	cencia	ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	cencia	ONSET AND DEATH
PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e)  DUE TO	to Sumber	ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (e)  DUE TO  Conditions, if any, which  (b)	tu & Decompensor	onset and death 5 wh
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (e)  DUE TO	tu & Deempenson	ONSET AND DEATH  12 cgcs
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  DUE TO  Conditions, if any, which geva rise to immediate ceuse	tu & Decompenson	onset and death  12 gcc  18 gcc
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  DUE TO  Conditions, if any, which geva rise to immediate ceuse (a), stating the underlying cause lest.  (c)	terria  Les Deemfenson  cleins  or related to the terminal disease condition given in	12 gc /8 gc
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  DUE TO  Conditions, if any, which geva rise to immediate ceuse (a), stating the underlying cause lest.  (c)	ter & Deemfenst elins or related to the terminal disease condition given in	12 ye
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  DUE TO  Conditions, if any, which geva rise to immediate ceuse (a), stating the underlying cause lest.  (c)	the & Decomposition  The Columns  OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN II  D. (Enter netura of injury in Pert I or Pert II of item 18.)	12 que 18 que 18 que 18 performed?
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  DUE TO  Conditions, if any, which geva rise to immediate ceuse (a), stating the underlying cause lest.  Conditions (b)  DUE TO  DUE TO  Conditions (c)		12 que 12 que 18 que 18 que 18 que 18 performed?
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (e)  DUE TO  Conditions, if any, which gever rise to immediate cause (a), stating the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter netura of injury in Pert I or Pert II of item 18.)	12 que 18 que 18 que 19 was autops performed? YES \( \) NO \( \)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  DUE TO  Conditions, if any, which gevar rise to immediate cause (a), stating the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		12 que 12 que 18 que 18 que 18 que 18 performed?
PART II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  DUE TO  Conditions, if any, which geva rise to immediate cause (a), stating the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20e. ACCIDENT WAS UNDERLYING COPE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Year While Not While factoring at work 199 mm.  19	D. (Enter neture of injury in Pert I or Pert II of item 18.)  ACE OF INJURY (Home, farm, 20f. (City or town) tory, street, office bldg., etc.)	N PART I(e) 19. WAS AUTOPSI PERFORMED? YES NO (County) (Siete)
PART II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  DUE TO  Conditions, if any, which geva rise to immediate cause (a), stating the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20e. ACCIDENT WAS UNDERLYING CONCRETED CORE CONTRIBUTING COURSE (c)  20e. ACCIDENT WAS UNDERLYING CONCRETED CORE CONTRIBUTING COURSE (d)  20e. ACCIDENT WAS UNDERLYING COURSE (d)  20e. PL. WAS UNDERLYING COURSE (d)  20e.	D. (Enter neture of injury in Pert I or Pert II of item 18.)  ACE OF INJURY (Home, farm, 20f. (City or town) tory, street, office bldg., etc.)	12 cycl  12 cycl  18 cycl  19 cycl  PERFORMED?  YES NO  (County) (Stete)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  DUE TO  Conditions, if any, which gevar rise to immediate cause (a), stating the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Yeer Hour a.m. p.m. 19  21. 1 certify that (I) (this hospital) attended the deceased from.	ACE OF INJURY (Home, farm, 20f. (City or town) tory, street, office bldg., etc.)	N PART I(e) 19. WAS AUTOPS: PERFORMED? YES NO (County) (Stete)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  DUE TO  Conditions, if any, which gevar rise to immediate couse (a), stating the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Yeer Hour a.m. p.m. 19 20d. INJURY OCCURRED While Not While face et work et work et work at work.  21. 1 certify that (I) (this hospital) attended the deceased from saw the deceased alive	D. (Enter neture of injury in Pert I or Pert II of item 18.)  ACE OF INJURY (Home, farm, 20f, (City or town) tory, street, office bldg., etc.)  death occured at	N PART I(e) 19. WAS AUTOPS' PERFORMED? YES NO (County) (Stete)
PART II. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (e)  DUE TO  Conditions, if any, which geva rise to immediate ceuse (a), stating the underlying DUE TO  Cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Yeer Hour a.m.  p.m.  19 While Not While few work at work 19	D. (Enter neture of injury in Pert I or Pert II of item 18.)  ACE OF INJURY (Home, farm, 20f. (City or town) ctory, street, office bldg., etc.)  193.8 to 100.0000000000000000000000000000000000	N PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO (County) (Slete)  (County) (Slete)
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (e)  DUE TO  Conditions, if any, which gevarise to immediate couse (a), stating the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Yeer Hour a.m. p.m. 19 20d. INJURY OCCURRED While Not While fact of work et work et work at work can be at work et wor	ACE OF INJURY (Home, farm, 20f. (City or town) tory, street, office bldg., etc.)  death occured atM, from the causes and ATTENDING MED. STAFF PHYS.	N PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO (County) (Slete)  (County) (Slete)
PART II. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (e)  DUE TO  Conditions, if any, which geva rise to immediate cause (a), stating the underlying DUE TO  Cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Yeer Hour a.m.  p.m.  19 While Not While fework at work feet work at work can and that 22e. SIGNATURE	D. (Enter neture of injury in Pert I or Pert II of item 18.)  ACE OF INJURY (Home, farm, 20f. (City or town) ctory, street, office bldg., etc.)  193.8 to 100.0000000000000000000000000000000000	N PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO (County) (Slete)  (County) (Slete)
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (e)  DUE TO  Conditions, if any, which geva rise to immediate cause (a), stating the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  20e. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT NO  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  20e. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT NO  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  20e. CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Yeer While Not While et work at work 19 wo	D. (Enter neture of injury in Pert I or Pert II of item 18.)  ACE OF INJURY (Home, farm, 20f. (City or town) tory, street, office bldg., etc.)  193.8 to 3.2.  death occured at	N PART I(e) 19. WAS AUTOPSI PERFORMED? YES NO (Stete)  (County) (Stete)  (County) (Stete)  And the date stated above 22b. DATE SIGNI
PART I. DEATH WAS CAUSED BY:    IMMEDIATE CAUSE (e)	ACE OF INJURY (Home, farm, 20f. (City or town) ctory, street, office bldg., etc.)  death occured at	12 cgc    P cgc
PART I. DEATH WAS CAUSED BY:    IMMEDIATE CAUSE (e)	ACE OF INJURY (Home, farm, 20f. (City or town) ctory, street, office bldg., etc.)  Added to occured at	(County) (Stete)  12 GC  12 GC  19. WAS AUTOPS' PERFORMED? YES NO E  (County) (Stete)  22b. DATE SIGN  22b. DATE SIGN  County) (Stete)
PART I. DEATH WAS CAUSED BY:    MMEDIATE CAUSE (e)	ACE OF INJURY (Home, farm, lotry, street, office bldg., etc.)  Added to occured at	(County) (Stete)  12 Cyc.  19 Cyc.  10 Cyc.  10 Cyc.  10 Cyc.  10 Cyc.  10 Cyc.  11 Cyc.  12 Cyc.  12 Cyc.  13 Cyc.  14 Cyc.  15 Cyc.  16 Cyc.  17 Cyc.  18 Cyc.  18 Cyc.  18 Cyc.  18 Cyc.  19 Cyc.  19 Cyc.  19 Cyc.  10
DUE TO  Conditions, if any, which geva rise to immediate couse (a), stating the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT CONTRIBUTION TO DEATH BUT NOT CONTRIBUTING TO DEATH BUT NOT CONTRIBUTING T	ACE OF INJURY (Home, farm, lor, street, office bldg., etc.)  ACE OF INJURY (Home, farm, lor, street, office bldg., etc.)  ACE OF INJURY (Home, farm, lor, lor, street, office bldg., etc.)  ACE OF INJURY (Home, farm, lor, lor, lor, lor, lor, lor, lor, lor	12 cgc    12 cgc    12 cgc    15 cgc    17 cgc    19 c

1008 No surver for later and for want to the to and the world the to our all record leaves Horsel 1. Second Benefit Justo THE STREET WAS A STREET A SECOND TO THE PROPERTY OF THE PARTY OF THE Ochiena der lend James D. Searce III Comparison . L. author than the state of the st

funeral The law requires that the death certificate be executed within 24 hours after ed in by the figes 1 and 2 s ompletel PHYSICIAN: The law requires that the death certificate the hospital or attending physician. This certificate has been signed by the attending physician of for use as the burial-transit permit. Then please remove all h prior to burial, cremation, or removal, and in any even ATTENDING TO HOSPITAL OR ALLEMAN See death. Party 4 may be retained by TO FUNEARL DIRECTOR. director, page 3 s

VR A15 (4) 15M 9/60

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 08656

1. PLACE OF DEATH				ICE (Where deceased lived, If institu	tion: Residence before admission)
s. COOM1	Allegany	MARYLAND	a. STATE Ma	ryland b. COUNTY	Allegany
	f outside corporete limits, give neerest town)	c. LENGTH OF STAY IN 16	CITY OR TOWN	(If outside corporete limits, write RUR.	AL end give nearest town)
	Frostburg	Lifetime	A Rt. 3.	Frostburg	
d. NAME OF HOSPIT	TAL OR INSTITUTION (if not in he	ospitel, give street address)	d. STREET ADDRESS		a. IS RESIDENCE
					YES NO K
3. NAME OF	First	Middle	Last	4. DATE Month	Day Yeer
(Type or print)	William	H.	Henckel	DEATH August	25th, 19 61
5. SEX	6. COLOR OR RACE 7. MARR		. DATE OF BIRTH	9. AGE (In yeers   IF Uh	
Male	White WIDOW		Dec. 13th,	1894 66 yrs. Mon	nths Deys Hours Min.
10e. USUAL OCCUPAT	ION (Give kind of work rking lile, even if retired)	KIND OF BUSINESS OR INDUSTR	Y   11. BIRTHPLACE (Cou	nty & State, or loreign country) 1	2. CITIZEN OF WHAT COUNTRY?
Ret.Eleva		S. Tire Co.	Marylan	đ	USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN		
William	n P. Henckel		Emma L	ogsdon	
15. WAS DECEASED EV	ER IN U.S. ARMED FORCES?   16	S. SOCIAL SECURITY NO. 17. 1	NFORMANT	Address	
Yes		7-10-7231 Mrs	s.May V.He	nckel, Rt.3, F'b	g Md Box 211
	EATH [Enter only one cause per	line for (a), (b), end (c).]	J'	TOTOT STORY OF D	INTERVAL BETWEEN
	H WAS CAUSED BY:	neren link	w. HEars	Diselle	ONSET AND DEATH
420	DUE TO	7	X	1 - 1	
Conditions, if eny	, which ) (b)				
geve rise to immedi	DIJE TO				
cause lest.	(c)				
Z PART II. OTHER	SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN IN	PART 1(e) 19. WAS AUTOPSY PERFORMED?
ATI	X'				YES NO
OR CONTRIBUTING	AS UNDERLYING   20b. DI	ESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in	Pert I or Pert II ol item 18.)	
3 20c. TIME OF INJU	RY Month, Dey, Yeer   20d		CE OF INJURY (Home, ler		(County) (Stala)
20c. TIME OF INJU	19 Wh at w		ory, street, office bldg., at	c.)	
21. I certify t	hat (I) (this hospital) atte	nded the deceased from.	MAREH	19/21, to 19/2.	, 19 (a, c, that (1) (we) last
saw the deceas	sed alive on	2 5 196/ and that	death occured at	M, from the causes and	on the date stated above.
220. SIGNATURE	110	71.0	ATTENDING	MED STAFF	22b. DATE / SIGNED
MA	Muxing	this suchex	.D. PHYS.	MED. STAFF DIRECTOR PHYS.	8/25 /
22c. PHYSICIAN'S			22d. ADDRESS	Daniel Trace	thung Md
NAME (Type)	Martin M. R	othstein, '	48	Broadway, Fros	tourg, Mu.
23e. BURIAL, CREMATI	ON, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or	county) (State)
Burial (Specify)	8-28-61	St. Patrick	c's Cemete:	ry Mt. Savage	Md.
24 FUNERAL DIRECTOR	R'S SIGNATURE	ADDRESS	25a. RI	EC'D BY REGISTRAR 256. REGISTR	
V. 17.	auss	Frostburg,	Md. DATE	AUG 2 9 '61	
7					w S. Kraus

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let. aleveter Con. H.B. Tire Co.

William P. Henolet

26-13-69-13

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Dec Light, day 1 66

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Martin W. Satmatein. " Additiondomy, Ergstings, Ed.

Suriot No. 8-23-61 - 55. Eathlets & Jones av. 15. Earnes

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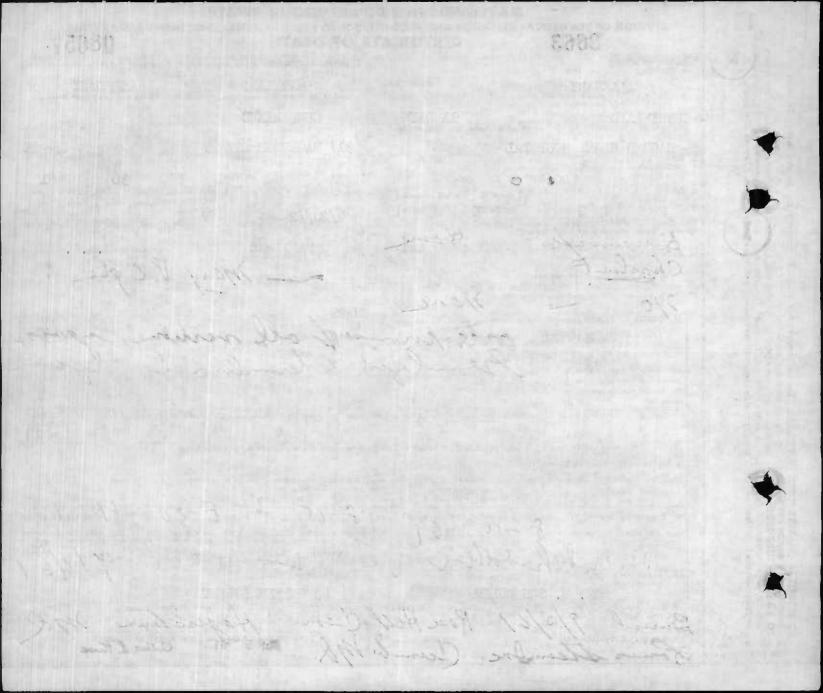
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MARYLAND	STATE	DEPAR	TMENT	OF	HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (1865)

1. PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where deceesed lived, If Institution: Residence before edmission)
A CONTRACTOR OF THE CONTRACTOR	e. STATE b. COUNTY
b. CITY OR TOWN If outside corporete limits, write RURAL and give neerest town)  c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
CUMBERIAND d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitat, give street eddress)	02 CUMBERLAND  d. STREET ADDRESS  o. IS RESIDENCE
SACRED HEART HOSPITAL	317 MAGRUDER STREET  ON A FARM? YES \( \sum \) NO \( \sum \)
3. NAME OF First Middle	Last 4. DATE Month Day Yeer
DECEASED (Type or print)  LORATITE	HINEA DEATH 8 30 1961
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8	. DATE OF BIRTH 9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HRS.
F W WIDOWED DIVORCED	last birthdey) Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, reveal if retired)	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY
Husewill, Home	REALITY WATER TO A
13. FATHER'S NAMES	14. MOTHER'S MAIDEN NAME
Charles F	man 100do
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address
(Yes, magunkown) (Ifyesgivewerordetesofservice)	Addiess /
110	CHART
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	all werling yeurs
TSO DUE TO O	, , ,
Conditions, if eny, which (b)	1 orternology or sen
geve rise to immediate cause	the state of the s
(e), steting the underlying DUE TO	
ceuse lest. (c)	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)   19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NO	PERFORMED?
<u> </u>	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (Enter nature of injury in Pert I or Pert II of item 18.)
	CE OF INJURY (Home, ferm,   20f. (City or town) (County) (Stete)
at west at west	ory, street, office bldg., etc.)
	: F-11 10 F-21 10 61 101 1
21. I certify that (I) (this hospital) attended the deceased from.	
	death occured at
220. SIGNATURE M Is buildly	D. ATTENDING MED. STAFF PHYS. PHYS. PHYS.   22b. DATE
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) DR. B. SCH NDLER	L3 GREENE STREED
	OR CREMATORY 23d. LOCATION (City, town or county) (Stete)
Sures 1/2/6/ 1/050 Hely	Caro Hogisania Ma
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	DATE 250. REGISTRAR 25b. REGISTRAR'S SIGNATURE CITIMA 2. Thrue



FOR STATE HEALTH DEPTS TO DEPUT MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, and the word "pending" in pencil in Item 18. Give Pages 1, 2, and to the fund director. Page 4 should be forwarded to the wiel Medical Examiner's Office along with form PM3. Page 5 m. the retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any evept within 72 hours after death. VS. AISME

5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH MEDICAL EXAMINER'S CERTIFICATE OF DEATH CERTIFICATE OF DEATH (18658

1. PLACE OF DEATH	1			CE (Where decessed lived, If I		lence before e	dmission)
9. 0001111	Allegany	MARYLAND	a. STATE Mar	vland b. COUN	477 -	ganv	
	if outside corporete limits, give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	If outside corporate limits, write	RURAL end giv		n)
	umberland	2 days	X R.D.	2, Frostburg	•		
d. NAME OF HOSPI	TAL OR INSTITUTION (if not in ho	ospital, give street eddress)	d. STREET ADDRESS				SIDENCE A FARM?
Mei	morial Hospit	al				YES _	NO X
3. NAME OF DECEASED	First	Middle	Last	4. DATE Month	De	Yeer Yeer	
(Type or print)	William	J.	Hittle	DEATH Augus	t 201	h. 19	67
S. SEX	6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED 8	DATE OF BIRTH	9. AGE (In years )	IF UNDER 1 YEA	R II UNDER	
Male	White   widow		Sept.30th.	1885 (last birthdey)	Months Deys	Hours	Min.
	ION (Give kind of work orking life, even if retired)	KIND OF BUSINESS OR INDUSTR		or foreign country)	12. CITIZEN	OF WHAT	OUNTRY?
		al Mining	Penneult	zonio.	TT	SA	
13. FATHER'S NAME			Pennsylv 14. MOTHER'S MAIDEN	NAMETA	U	DA	-
Thomas	Hittle		Lydia I	Fox			
15. WAS DECEASED EV	ER IN U.S. ARMED FORCES?   16 fyesgivewerordetesofservice)	. SOCIAL SECURITY NO. 17. 1	NFORMANT	Address			
(16s, no, or unkown) (i	19	9-14-3812 Mr	s.Allen St	evens, Box 13	OA PD	o Fibe	· Ma
18. CAUSE OF D	EATH [Enter only one cause per	line for (a), (b), end (c).]		O TOILS , DOX I	1 Jan 9 1 1 1 1	NTERVAL BET	WEEN
	H WAS CAUSED BY: IMMEDIATE CAUSE (a)	JIMONARY EMBO	LISM. MASS	IVE		SUDDE	N
903.	O DUE TO						
Conditions, if any	FIRA	CTURE OF LEF	T HIP			4 Da	Lys
gave rise to immedi	(-)		THE RESERVE OF THE RE				
(a), stating the u	nderlying						
	(c)	INTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	EN IN PART 1(e)	11 19. WAS A	UTOPSY
6						PERFO	RMED?
S EVTERNIAL CA	ALISE WAS 20h DESC	RIBE HOW INJURY OCCURED. (	inter nature of Injury in Per	t I or Part II of item 18 1		YES	NO I
PART II. OTHER  OF THE PRIMARY OF CO  CAUSE OF DEATH.	INTRIBUTING [				mm ooi	NF.	
	7.437				THROO		(6)
20c. TIME OF INJU	. Whi		ory, street, office bldg., etc.	.)	(County)		(Stete)
	Aug.16 1961 of wo		Home	Rt.2FROSTE	JURG, AI	LLEG.N	<b>D</b> .
21. I certify th	hat I took charge of the re-	mains described above, he	ld an Autopsy X.	Inspection X. Inquir	y X, ar	nd in my o	pinion
death resulted	from: Natural causes	, Accident X. Suic	ide, Homicide	, Undetermined m	anner		
	2	Da	CHIEF MEDICAL	EXAMINER [			
ACTUAL	Demodert	Ketarelia	M.D. ASSISTANT MED	ICAL EXAMINER		DATE SIG	NED
EXAMINER'S			DEPUTY MEDICA		ST 20,	1961	
NAME (Type)	BENEDICT SKI	TARELIC, M.D	Address (Street,	city, town, or county) CUME	BERLAN	D, MD.	•
22e. 8URIAL, CREMATIC REMOVAL (Specify		22c. NAME OF CEMETERY OF		22d. LOCATION (City, town,		(Stet	
Burial	8-23-61	F'bg Memoria	1 Park	Frostburg		Me	d.
23. FUNERAL DIRECTO	- Indiana	F'bg Memoria	240. REC	LD BY REGISTRAR   24b. REGI	STRAR'S SIGN	ATURE	
1. p	Durch	Frostburg.	Md. DATE	23 0.	rthur S. H	rand	
0 1.			4444				

and the second second and the second THEOLERS OF LIBER REP. 4 Days MUCHELIA ON M. HOTEL WORL DALOR THOR TA THE ... THE SAME AND THE COLUMN TO THE STATE OF THE STAT RESERVED SELECTION OF THE SELECTION OF T A ATTENDED TO STATE A CATE OF THE PARTY Phoe Ebing . IVA. a mida sody

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND EET, BALTIMORE 1, MARYLAND **FOR STATE** USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission) 1. PLACE OF DEATH e. COUNTY files. necessary, actor. Page b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) d. STREET ADDRESS 1124 W. 25th., St. NAME OF DATE DECEASED (Type or print) DEATH SEX 6. COLOR OR RACE 9. AGE (In years I IF UNDER 1 YEAR | IF UNDER 24 HRS. MARRIED NEVER MARRIED last birthday) Months 2 1ays EEN WIDOWED DIVORCED 1961 16a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) done during most of working life, even if retired) Erie, Pa. Infant None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Alice Laird Hoover Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no or unkown) | (If yes give wat or dates of service None Alice Hoover, 1124 West 25th St., Erie, 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).) I-transit PART I. DEATH WAS CAUSED BY: ASPHYXTATION IMMEDIATE CAUSE (e) Office DUE TO burial Aspiration of Stomach Contents Conditions, if any, which geve rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY 99 0 20a. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (Clty or town) factory, street, office bldg., etc.) Not While While et work et work prior 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection X. Inquiry K 20 Natural causes X Accident Suicide Homicide Undetermined manner death resulted from: CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE Asst DEPUTY MEDICAL EXAMINER August 9, EXAMINER'S PUNE! W.O. McLane M.D. Address (Street, city, town, or county) Frostburg, Md. NAME (Type) 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 400 Calvery Cemetery 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME DATE AUG 1 4 '61 arthur S. Kraus MAIN. FROSTBURG. MD.

e. IS RESIDENCE ON A FARM?

YES NO

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

4-6 Min

PERFORMED?

(Stete)

YES NO

and in my opinion

DATE SIGNED

(County)

SM 9/60

Trother street seem, see sant, elate enok Tombe watte Markey, lage Money 25th St., at NE THOSOSON THE SECOND THE PROPERTY OF THE PARTY OF THE 

The law requires that the death certificate be executed within 24 hours after d in by the funeral ges 1 and 2 should after death pmpletely papers. the hospital or attending physician.
As certificate has been signed by the attending physician and get for use as the burial-transit permit. Then please remove cat alth prior to burial, cremation, or removal, and in any event, wi TO HOSPITAL, OR ATTENDING PHYSICIAN:
death. Par 4 may be retained by the hospital or a
TO FUNERAL DIRECTOR: 4 Mis certificate he
director, page 3 should be detained for use as the
be filed with the State Dept. of Health prior to burit VR A15 (4) 15M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND, 8666 CERTIFICATE OF DEATH

1. PLACE OF DEATH  e. COUNTY		RESIDENCE (Where deceesed		nce before edmission)
Allegany	MARYLAND e. STATE	Marvland	b. COUNTY	manla
		R TOWN (If outside corporete I	Prince Gec	nearest town)
write RURAL end give neerest town)			115	7-2
		dover Hills	10-	1 to projection
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give	street eddress) d. STREET	ADDRESS		e. IS RESIDENCE ON A FARM?
Sacred Heart Hospital	390	5 74th Avenue		YES NO
3. NAME OF First	Middle Last	4. DATE	Month Day	Yeer
	ANE JENKIN	S OF DEATH	August 14,	19 61
5. SEX 6. COLOR OR RACE 7. MARRIED A NEV	ER MARRIED 8. DATE OF BIRT	H 9. AGE	(In yeers   IF UNDER 1 YEAR	
Female White WIDOWED	DIVORCED May 30,		birthday) Months Deys	Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	JSINESS OR INDUSTRY 11. BIRTHPL	ACE (County & State, or foreig	n country)   12. CITIZEN	OF WHAT COUNTRY?
Housewife Own Hor	me Mir	eral Co. W.Va	USA	
13. FATHER'S NAME		S MAIDEN NAME		_
Yours Aha	Ma	e Maude Willia	m e	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL S		e radue willia	Address	
(Yes, no, or unkown) (Ifyesgive werordetes of service)		- 11		202
No No		s Jenkins , L	andover Hills	ITERVAL BETWEEN
18. CAUSE OF DEATH [Enter only one cause per line for (e),	Mol. and Con			NSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	In a rue	ser -	3	gun
. DUE TO	1			0
Conditions, if any, which \ (b)				
geve rise to immediate ceuse				
(e), steting the underlying DUE TO				
Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	C TO DEATH BUT NOT BELATED TO	THE TERMINAL DISEASE COND	NITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	3 TO DEATH BOT NOT RELATED TO	THE TERMINAL DISEASE COND	THO IN GIVEN IN PART I(W)	PERFORMED?
[3]				YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS  200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW OR CONTRIBUTING   CAUSE OF DEATH   U (IF EITHER, NOTIFY MEDICAL EXAMINER)	W INJURY OCCURED. (Enter neture of	of injury In Pert I or Part II of ite	m 18.)	
20c. TIME OF INJURY Month, Dey, Year   20d. INJURY O			wn) (County)	(Stete)
at mank at m	While fectory, street, office work	bldg., etc.)		
	18/1/	11/ 0	114 mb/	
21. I certify that (I) (this hospital) attended the	deceased from			that (I) (we) last
saw the deceased alive on		red at	causes and on the	
22e. SIGNATOR	ATTENDI	NG & MED. ST	TAFF _ Q	22b. DATE SIGNED
1 1 m hlmaller	M.D. PHYS.		iys. 🗆 🔰	14/61
22c. PHYSICIAN'S	22d. AD	DRESS	1	118/
NAME (Type) B.M. Schindler		umberland, Mar	yland	
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NA	AME OF CEMETERY OR CREMATOR		(City, town or county)	(Stete)
Burial Specify Aug 17, 1961 Mt	Olivet Cemetery	Washing	ton D C	
24 FUNERAL DIRECTOR'S SIGNATURE A	DDRESS	25e. REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNA	ATURE
John J. Hafer, Cumberland, Md.		DATE AUG 1 8 '61	arthur S. H	raile

OR ATTENDING PRYSICIAN: The law requires that the death certificate be execute may be retained by the hospital or attending physician.

DIRECTOR: After this certificate has been signed by the attending physician and com-

In by the funeral n 24 hours after

MARYLAND STATE DEPARTMENT OF HEALTH TON STREET, BALTIMORE 1. MARXL DIVISION OF STATISTICAL RESEARCH AND RECO USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY ALLEGANY MARYLAND c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 CUMBERLAND DAYS Hyndman IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street address) d. STREET ADDRESS ON A FARM? MEMORIAL HOSPITAL NO T 3. NAME OF Year Middle DECEASED (Type or print) 19 61 VIRGINIA JOHNS AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7, MARRIED Y NEVER MARRIED B. DATE OF BIRTH lest bighdey) Months FEMALE WIDOWED DIVORCED NESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 106. KIND OF BUSIN 10e. USUAL OCCUPATION (Give kind of work done during most Af Deng life, even if refired) 1 12. CITIZEN OF WHAT COUNTRY? ROMNEY, W.VA. U.S.A. NURSES SPRING GROVE STATE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME GERTRUDE SANDERS ELLIS PATTERSON 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes. no. or unkown) | (If yes give wer or dates of service) MEMORIAL HOSPITAL - CUMBERLAND, MARYLAND INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUF TO gave rise to immediate cause DUE TO (a), steting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO T 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH 20e, PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY 20d. INJURY OCCURRED 20f. (City or town) (County) (Stete) Month, Dey, Yeer fectory, street, office bldg., etc.) Not While White Hour a.m. et work at work 19...., 19...., that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from...... 22b. DATE 22e. SIGNATURE STAFF SIGNED ATTENDING DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) DR. FULLER B. WHITWORTH BEDFORD STREET. CUMBERLAND, MD. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL\_(Specify) Near Romney, Hampshire, W. Va. Ebenezer Cemetery Burial Aug. 26.1961 25a. REGID BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS arling S. Thank DATE mouse

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BESMANDERED STATE STORAGEMENT

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HOSPITAL CHOYS STATE POLICY, T.YA.

KIKALI, PEPRELL CURRENAM, LEPKLIK

BE, FELLER B. WESTHORY

Aug. 26, 1501 Denemer Delivery

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IN THE PERSON STREET, CONFESSION, NO.

18 0 938

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 8668 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before dmission) a. COUNTY b. COUNTY ALLEGANY MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b write RURAL end give neerest town) CUMBERLAND DAY KEYSER AVES. d. STREET ADDRESS MEMORIAL HOSPITAL DAVIS STREET certificate be executed NAME OF Middle 4. DATE DECEASED OF (Type or print) DEATH AUGUST 12 CLARENCE 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED last birthday) Months MALE O yrs. 10e, USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY dona during most of working life, even if retired) Textile WEST VIRGINIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ALBERT JOHNSON ELIZABETH MARTZELL 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give we ror detes of service) MEMORIAL HOSPITAL - CUMBERLAND . MD . 236-03-2418 18. CAUSE OF DEATH [Enter only one couse-per line for (e), (b), end (c). DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which geve rise to immediate cause DUE TO (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)) 19. WAS AUTOPSY 20e, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) CERTIFI OR CONTRIBUTING [ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) factory, street, office bldg., etc.) While \_Not While et work et work ....., 19....., that (I) (we) last 21. | certify that (I) (this hospital) attended the deceased from ... 224 SIGNATURE ATTENDING MED STAFF DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S 123 BEDFORD ST., CUMBERLAND, MQ death. Pr 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Aug. 15, 1961 Queens Point Cem. Dig 2 Keyser, West Va. 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) AUG 1 6 '61 Cirthun & Harris

a. IS RESIDENCE

YES NO

U. S. A.

(County)

DATE

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO T

> > (Stete)

22b. DATE

(Stata)

SIGNED

ON A FARM?

15M 9/60

ALLERATE

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WEST VINCENIA

THE STATE OF THE S

1081-09-1 WEST WIRELING ALLIANTY TESW

236-03-24:6 \_ 245 M. HOSPIPAL \_ 124-10M , M.

W. F. S. F.S. P. N.

DE, E. D. WHENCETH JOSEPH STORES STORES ST., CONSERVENCES

suc, 15, 1961 Sugar's reint Com. Reyser, West Vo.

List Late O la a Fall

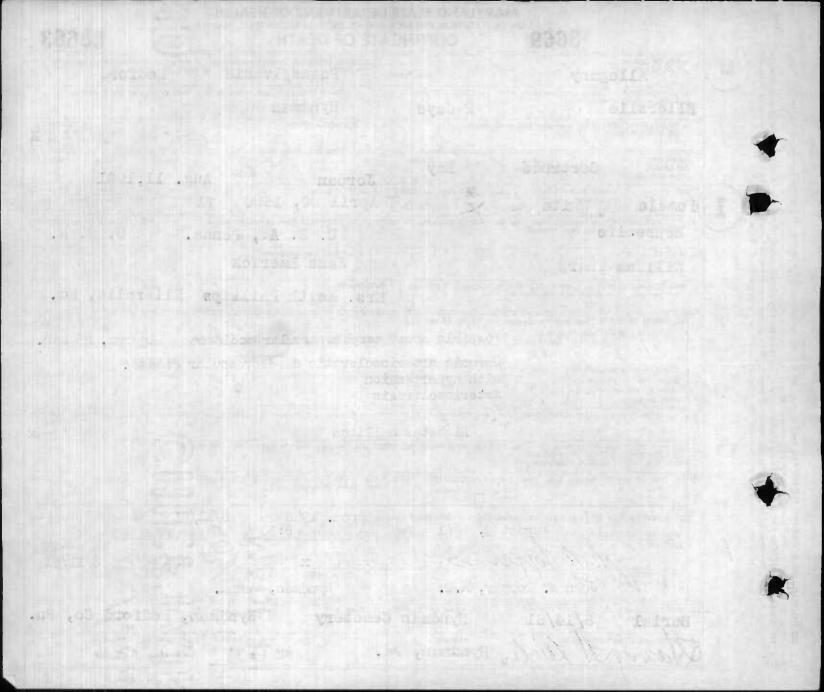
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ISION OF	STATISTICAL	RESEARCH	AND I	RECORD	5 —	BALTIMORE	1, 1
3	CE	RTIFICA	ATE	OF I	DEA	HTA	

08663

1	1. PLACE OF DEATH o. COUNTY Allegany	MARYLAND	2. USUAL RESIDEN	CE (Where deceased lived. Sylvania b.	If institution: Residence COUNTYBedfor	
		LENGTH OF STAY IN 16 2 days	c. CITY OR TOW Hynd	/N (If autside corporate limi	its, write RURAL and give	nearest tawn)
	d. NAME OF HOSPITAL (If not in haspital, give street odd OR INSTITUTION	ress)	d. STREET ADDR	RESS	5× -	e. IS RESIDENCE ON A FARMAY YES NO
	3. NAME OF DECEASED (Type or print) Gertrude	May	Jordan		Manth ug. 11,19	
1	S. SEX 6. COLOR OR RACE 7. MARRIED WIDOWED'S WIDOWED'S	ab .	B. DATE OF BIRTH April 20	, 1890 9. AGE	pirthday) Manths Do	YEAR IF UNDER 24 HRS. Days Hours Min.
1	10a. USUAL OCCUPATION (Give kind of wark done 10b. Kind 1150 1150 1150 1150 1150 1150 1150 115	ID OF BUSINESS OR INDUS		(Stote or foreign country) . A., Penn		S. A.
	13. FATHER'S NAME William Tharp		Jane	Emerick		
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)	CIAL SECURITY NO. 17. IN	rs. Keit	h Phillips	Ellersl:	ie, Md.
	Canditians, if ony, which gave rise to immediate couse (a), stating the under-lying couse last.  DUE TO  With  DUE TO  Art	ssible acute of conic arterio ch hypertensic criosclerosi	sclerotic on s	cardiovascul	ar disease	(a) 19. WAS AUTOPSY
	ICATIC	Diabetes me	llitus			PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH	BE HOW INJURY OCCURRE	D. (Enter noture at in	jury in Part I ar Part II at II	em 15.)	
	Hour o.m. While _		ACE OF INJURY (Ham ctory, street, affice blo	ne, form, 20f. (City ar taw dg., etc.)	n) (Cou	unty) (State
	21. I certify that (I) (this haspital) attended saw the deceased alive an August 3.  220. SIGNATURE  220. PHYSICIANS NAME (Dipe)  John A. Topper,	Cno.	M.D. ATTENDING PHYS. 22d. ADDRESS	DST MED. STA	auses and an the o	
	23g. BURIAL, CREMATION, 23b. PATE THEREOF 8/14/61	123c. NAME OF CEMETERY C	emetery	23d LOCATION (C Hynome	in, "Bearbr	d Co, Pa.
	24FUNERAL DIRECTOR'S SIGNATURE	yndman, Pa		o. REC'D BY REGISTRAR ATEUG 1 4 '61	25b. REGISTRAR'S SIGN	

VR A15 (4) 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 664

1. PLACE OF DEATH a. COUNTY				Institution: Residence before edmission
ALLEGANY	MARYLAND	a. STATE	b. COU	
b. CITY OR TOWN (if outside corporata I		WEST VIRG		NERAL e RURAL end give neerest town)
write RURAL end give neerest town)	10.0440			
d. NAME OF HOSPITAL OR INSTITUTION	IO DAYS	d. STREET ADDRESS		l e. IS RESIDENCE
d. NAME OF HOSPITAL OR INSTITUTION	N (if not in hospital, give street address)			ON A FARM?
MEMORIAL HOSPITAL	- WARWICK AVENUES	RT. #1.	00	YES NO
3. NAME OF F DECEASED	irst Middle	Last	4. DATE Mont	h Day Year
(Typa or print)	ED AUSTIN	JUDY	AUGUS	ST 29 19 61
5. SEX   6. COLOR OR RA		DATE OF BIRTH	9. AGE (In ye	IF UNDER 1 YEAR   IF UNDER 24 HRS.
MALE WHITE	WIDOWED DIVORCED S	EPTEMBER 13	. 1891 64 birthday)	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of w		Y   11. BIRTHPLACE (Con	unty & Stale, or foreign country)	12. CITIZEN OF WHAT COUNTRY
dona during most of working life, even if re	lired)			U.S.A.
13. FATHER'S NAME		PETERSBU	RG W. VA.	
ABRAHAM	JUDY	BELL		
15. WAS DECEASED EVER IN U.S. ARMED F		NFORMANT	Address	•
(Yes, no, or unkown) (Ifyasgive werordates				
10 CHURCH OF BEATH (F-In-a-In-	ME.	MORIAL HOSP	ITAL, CUMBERLAI	ND, MARYLAND
18. CAUSE OF DEATH (Enter only	A	1		ONSET AND DEATH
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE		hemoribe	ye Mann	in 10 dan
1443 X DUE	ТО			
C 400 7	(b) Hyperteuc	(c. D.	io vaculer de	
geva rise to immadiate ceuse		una ( united	co cuercua co-	
(a), stating the underlying DUE	ГО			
	(c)		THE RESERVE CONTRIBUTION OF	TOTAL
PART II. OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO DEATH BUT NO	I RELATED TO THE TERM	AINAL DISEASE CONDITION GI	PERFORMED?
2		10.		YES NO
PART II. OTHER SIGNIFICANT CON  208. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEAT  (IF EITHER, NOTIFY MEDICAL EXAMINI	TH	. (Enter neture of injury i	n Perf   or Perf    of Ifem 18.	
20c. TIME OF INJURY Month, Day,		CE OF INJURY (Home, fa		(County) (Stete)
20c. TIME OF INJURY Month, Day,		ory, street, office bldg., e	tc.)	
		21 1.	5/= /	1,
21. I certify that (I) (this hos	spital), attended the deceased from	6/19/6/	19 to	/. <b></b> , 19, that (I) (we) la
saw the deceased alive on		death occured at	5:00 MonMthe causes	and on the date stated above
22e. SIGNATURE		ATTENDING	MED STAFF	22b. DATE
wi	Une Planer M.		MED. STAFF PHYS.	2/30/G1 SIGNE
22c. PHYSICIAN'S NAME (Type) DR. WILL	IAM P. IAMES	22d. ADDRESS 441 N. C	ENTRE ST., CUM	BERLAND, MD.
230. BURIAL, CREMATION, 236. DATE T	HEREOF 23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, to	wn or county) (State)
Burial 8/31		ial Cem.		erland. Md.
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	4	EC'D BY REGISTRAR 256. RE	GISTRAR'S SIGNATURE
Charles L. Geor	rge Cumberland, M	Q. DATE	SEP 1 '61	Inthuy S. Kraus

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after may be retained by the hospital or attending physician. ed in by the funeral ages 1 and 2 should n 72 hours after death. papers. omplete Health prior to burial, cremation, or removal, and in any even by the hospital or attending physician. hed for use as the burial-transit permit. Then please remove death, by 64 may be retained by TO FUNEAAL DIRECTOR.

To FUNEAAL DIRECTOR.

director, page 3 should be as a filed with the State Dept. of H VR A15 (4) 15M 9/60

A. J. J.

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YOU MANAGES

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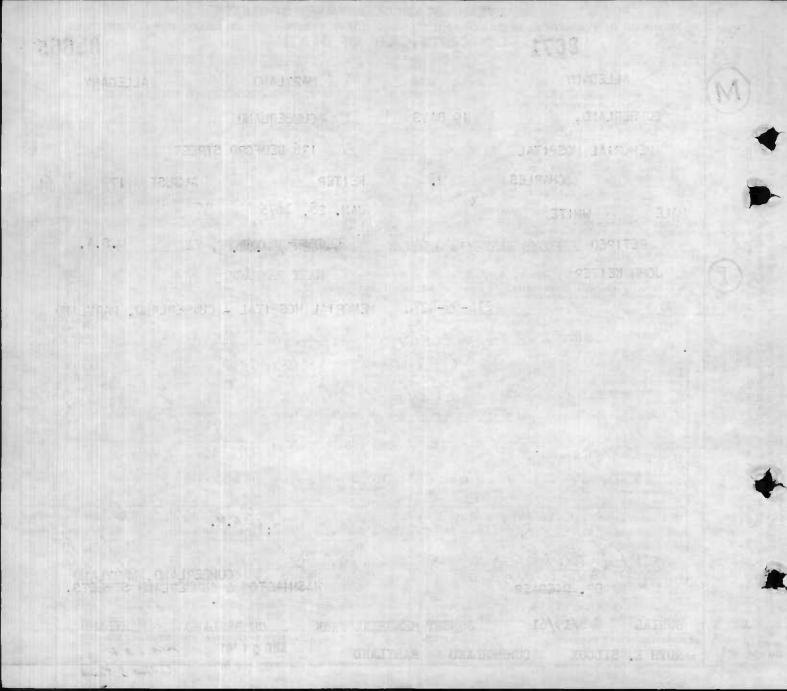
s in by the funeral ses 1 and 2 should The law requires that the death certificate be executed within 24 hours after papers. P. 9 mpletely TO HOSPITAL OR AITENDING PHYSICIAN: The law requires that the death certificate be death. But 4 may be retained by the hospital or attending physician.

S TO FUNE A. DIRECTOR: A Discretificate has been signed by the attending physician and discretor, page 3 should be dead of or use as the burial-transit permit. Then please remove care be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, we

	MARYLANI	DSTATE	DEPAR	TMENT	OF !	HEALTH
DIVISION OF STATISTICAL	L RESEARCH A	AND RECOR	DS, 301	W. PREST	ON	STREET. B

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (1865)

e. COUNTY ALLEGANY		USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmissi						
	MARYLAND	MARYLAND						
write RURAL end give neerest town)								
d. NAME OF HOSPITAL OR INSTITUTION (if not in	19 DAYS	CUMBERLAND d. STREET ADDRESS						
S. NAME OF HOSPITAL OR MASHIOTOR (II HOT IN	nospilal, give street address)	d. STREET ADDRESS  o. IS RESIDEN ON A FAR.						
MEMORIAL HOSPITAL		136 BEDFORD STREET YES NO !						
3. NAME OF First DECEASED	Middle	Last 4. DATE Month Dey Yeer						
/= 1 t st		OF DEATH ALLOWS 10 C						
(Type or print) CHARLES  5. SEX   6. COLOR OR RACE  7. MAR	W.	RETTER AUGUST 17 17 61						
5. SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED B	DATE OF BIRTH  9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HI  lest birthdey)   Months   Deys   Hours   Mir						
MALE WHITE WIDO		JAN. 28, 1875   86 yrs.						
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (County & State, or foreign country)						
DETIDED	RVEY'S JEWELRY	FREDERICK COUNTY, VA U.S.A.						
13. FATHER'S NAME		14. MOTHER'S MAIDER NAME						
JOHN KEITER		MARY HAMMACK						
15. WAS DECEASED EVER IN U.S. ARMED FORCES?	6. SOCIAL SECURITY NO. 17. I							
(Yes, no, or unkown) (Ifyesgivewerordelesofservice)	214-05-4274 N	EUODIAA MOODINIA						
		EMORIAL HOSPITAL - CUMBERLAND, MARYLAND						
18. CAUSE OF DEATH [Enter only one cause po	1 1	ONSET AND DEATH						
IMMEDIATE CAUSE (e)	Cerebral	Intarilar School 19da						
4 50 D DUE TO	Co 6	0 5 1						
Conditions, if eny, which (b)	( 4) com	1 JC/810515 64000						
geve rise to immediate cause	01							
(a), steting the underlying DUE TO	(lester)	8 sell 10515 542						
PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOP PERFORMED						
[4]		YES NO						
PART II. OTHER SIGNIFICANT CONDITIONS COLUMN C	DESCRIBE HOW INJURY OCCURED.	(Enter nature of injury in Pert I or Pert II of item 18.)						
20c. TIME OF INJURY Month, Dey, Yeer   20	d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, farm, ' 20f. (City or town) (County) (State)						
w .	Title population of the little population of t	pry, street, office bldg., etc.)						
≥ p.m. 19 er v	vork et work							
21. I certify that (I) (this hospital) att	ended the deceased from	1950, Ato M. 1928, that (I) (we)						
saw the deceased alive on	6 19 6, and that	death occured at from the causes and on the date stated abo						
22e. SIGNATURE		22b. DAT						
-TOMMecos	TEL ELL M.	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D						
22c. PHYSICIAN'S SIGILUCISO	141.	22d. ADDRESS CUMBERLAND, MARYLAND						
NAME (Type) DR. DOEDNED	nan	TA CHARACTER IN CONTRACTOR						
	•	WASHINGTON & COMBERCAND STREETS,						
236. BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)						
BURTAL 8/19/61	SUNSET MEMORI	AL PARK CHMBERLAND MARYLAND						
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE						
RUTH E. SILCOX CUMBI	ERLAND MARYLA	I DATE						
		AUG 21 61 arthur S. Kraus						



e. IS RESIDENCE ON A FARM?

Day

Hours

INTERVAL BETWEEN ONSET AND BEATH

1/2 hour

PERFORMED?

YES NO NO

(Stote)

(Stote)

19

YES NO X

Year

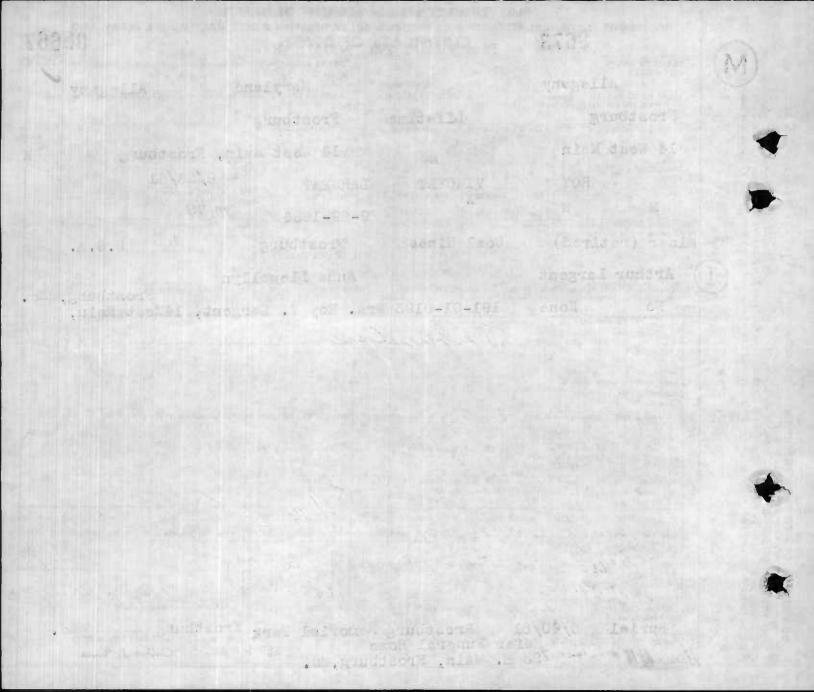
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Pressent C. . IT. El ... HI TO A CALLS IN THE REAL PROPERTY OF THE PARTY OF THE PA Carlish - This ise became the first said a part The live of the surface of the surfa 可在另一种的。 10.0000 10.0000 10.0 A Park south

DIVISION OF STATISTICAL RESEARCH AND RECO STREET, BALTIMORE 1, MARYLAND DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) e. COUNTY e. STATE b. COUNTY Allegany MARYLAND c. CITY OR TOWN (If outside corporete limits, write RURAL and the nearest town) b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 ۵ write RURAL end give nearest town) Frostburg Lifetime Frostburg d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) e. IS RESIDENCE ON A FARM? YES NO 14 West Main 14 West 3. NAME OF Middle First OF DEATH 8/26/61 DECEASED (Type or print) 19 ROY VINCENT 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED IF UNDER 24 HRS. 5. SEX AGE (In years | IF UNDER 1 YEAR last birthday) | Months Hours WIDOWED [ a a DIVORCED 10e. USUAL OCCUPATION (Give kind of work physician 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? remove County & State, or loreign country) done during most of working life, even if retired) Miner (retired) Coal Mines Frostburg U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ease .5 ding Arthur Largent and Anna Llewellyn 0 Then F 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Frostburg. (Yes, no, or unkown) | (If yes give war or detes of sarvice) None Mrs. Roy V. Largent, 191-01-0193 14West Main the 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c), ONSET AND DEATH þ I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) burial-transit DUE TO Conditions, if eny, which geve risa to immediate cause DUE TO (e), stating the underlying ceuse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY Ф PERFORMED? as NO X 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) 20c. TIME OF INJURY Month, Day, Yaer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) Not While While Hour e.m. at work at work DATE 22e. SIGNATURE SIGNED ATTENDING MED STAFF DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN' FUNERA ector, death. 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) D g Frostburg Memorial Park Frostburg REGISTRAR 256. REGISTRAR'S SIGNATURE Hafer FuneTal Home VR A15 (4) '61 arthur S. Kraus 15M 9/60 Main, Frostburg Md

MARYLAND STATE DEPARTMENT OF HEALTH

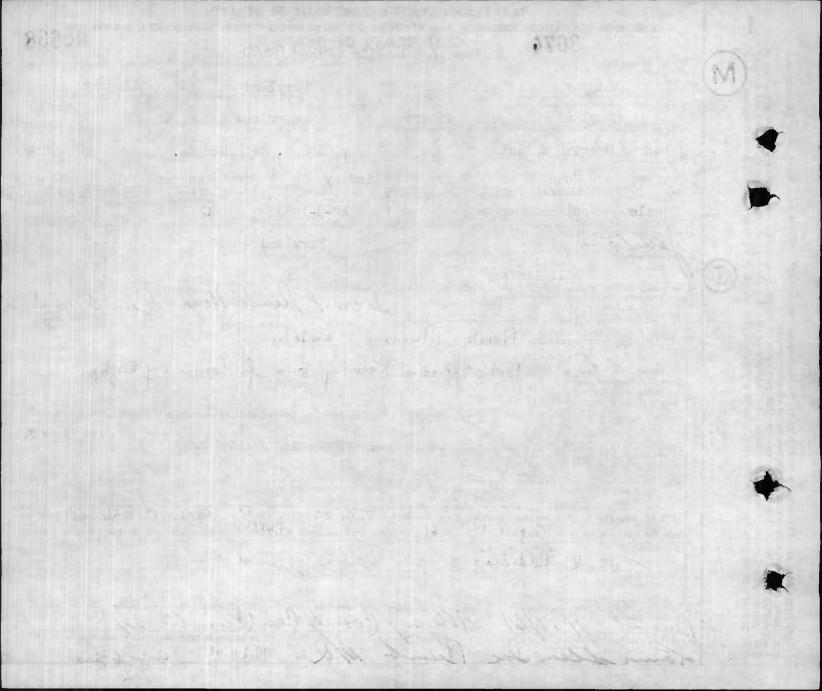
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MARYLAND STATE DEPARTMENT OF HEALT	MARYLAND	STATE	DEPARTMENT	OF HEALTH
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MAI	CILAND STATE DE	PAKIMENI OF REAL	LIN	
DIVISION OF STATISTICAL RES	EARCH AND RECORDS,	301 W. PRESTON STREE	T, BALTIMORE 1,	MARYLAND
DIVISION OF STATISTICAL RES	CERTIFICATE	OF DEATH		08668

<b>\</b>	I Lems / A UI	7 Im (1293 0/22/01 mh							
N	1. PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)							
1		a. STATE b. COUNTY							
<	b. CITY OR TOWN (if outside corporete limits,   c. LENGTH OF STAY IN 1b	Maryland Allegany c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
я	write RURAL end give nearest town)								
н	Cumberland 29days	Cumberland							
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS							
1	Comed House Handle	ON A FARM? YES NO W							
0	Sacred Heart Hospital  3. NAME OF First Middle	Last 4. DATE Month Day Yeer							
	DECEASED	OF Month Day Feer							
	(Type or print) John Henry	Lindsay DEATH August 14 19 61							
7	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH   9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.							
		last birthdey) Months Deys Hours Min.							
	male   colored   widowed   DIVORCED	10-3-1880   8D yrs.							
9	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	TRY 11. BIRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
ı	Unitor	Maryland							
	13. ATHER'S NAME	14. MOTHER'S MAIDEN NAME							
7	Dill Tindens	** **							
1	Bill Lindsay	Unknown							
	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown)   (Ifyesgivewarordatesofservice)	INFORMANT 11 All Address d 114 0							
7		scred beaut Hosp umb. Ma.							
	18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).]	INTERVAL BETWEEN							
	PART I. DEATH WAS CAUSED BY: PART I PART I DEATH								
	IMMEDIATE CAUSE (0) Tro Dale Tulmonary Em Do lug								
	DUE TO DUE TO DI								
	Conditions, if eny, which ) (b) Post-Operative N								
	geve rise to immediate cause								
	(a), steling the underlying ceuse last.								
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIB	PERFORMED?							
):	(V)	YES NO 🔀							
	200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCUR	ED. (Enter neture of injury in Pert I or Part II of item 18.)							
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, Pure 19 at work at								
	Hour a.m. While Not While fectory, street, office bldg., etc.]								
	p.m. 19 at work at work								
	21. I certify that (I) (this hospital) attended the deceased from July 20 19.6/ to Surgust 11., 19.6.1., that (I) (we) last								
		at death occured a							
	22a. SIGNATURE	22b. DATE							
	228. SIGNATURE	ATTENDING MED STAFF SIGNED							
	CCG III	M.D. PHYS. DIRECTOR PHYS.							
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS							
	Manual (1790)								
	23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETER	Y OR CREMATORY   23d, LOCATION (City, Jown or county) (Steta)							
	MOVAL (Specific 8/17/1/ Allessand	County (en Cumbo. M.							
1	Durian 11/01 araying	OF DECEMBER OF PROJECTION OF PROJECTION OF STREET							
1	11 FUNERAL DIRECTOR'S SIGNATURE	258. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE							
1.	Lavis Alen Inc. Jumb.	DATE AUG 18'61 arthur & Kravis							



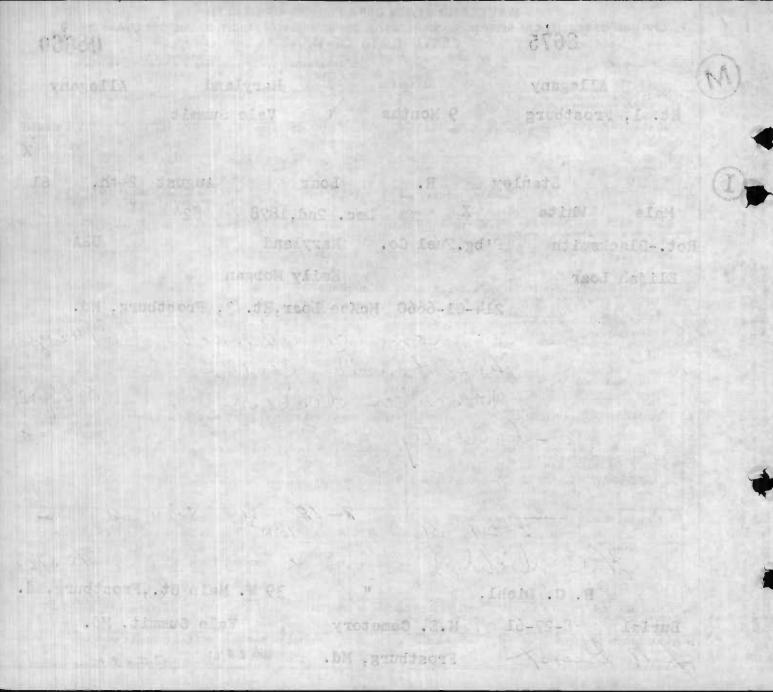
ly 3 in by the funeral s. Fages 1 and 2 should hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Par 4 may be retained by the hospital or attending physician.

TO FUNETAL DIRECTOR: A Mis certificate has been signed by the attending physician and mapletely din by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove car papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, winth 2 hours after death.

15M 9/60

	8675	CERTIFICAT	E OF DEATH		08669
1. PLACE OF DEATH a. COUNTY	llegany	MARYLAND	a. STATE	ICE (Where deceased lived, If I b. COUN' Iaryland	nstitution: Residanca befora admissionry Allegany
Rt. 1, F	outside corporate limits, giva naarast town) rostburg	c. LENGTH OF STAY IN IB  9 Months	X	(If outside corporata limits, writa  Vale Summit	
d. NAME OF HOSPIT.	AL OR INSTITUTION (if no	t in hospitel, giva straet addrass)	d. STREET ADDRESS		e. IS RESIDENC ON A FARM YES NO
3. NAME OF DECEASED (Type or print)	First Stanle	Middle R.	Loar	4. DATE Month OF DEATH August	Day Year 19 61
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED I	Dec. 2nd.18	9. AGE (In years lest birthday)	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION dona during most of work RetBlack	ON (Giva kind of work king life, aven if retirad)	10b. KIND OF BUSINESS OR INDUST F'bg.Fuel Co.	RY 11. BIRTHPLACE (Cou	nty & State, or foraign country)	12. CITIZEN OF WHAT COUNTILL USA
13. FATHER'S NAME  Elijah I		2 2842 40 11	14. MOTHER'S MAIDEN Emily M	NAME	
15. WAS DECEASED EVE	R IN U.S. ARMED FORCES yas give war or datas of sarvio	(a)		Rt. 3, Frost	burg, Md.
PART I. DEATH	WAS CAUSED BY: MMEDIATE CAUSE (a)  DUE TO  which te cause	Lyperten	silve Co	tomach	INTERVAL BETWEEN ONSET AND DEATH
OR CONTRIBUTING	SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT NO LITTLE OF THE HOW INJURY OCCURE	OT RELATED TO THE TERM	Part I or Part II of Itam 18.)	EN IN PART I(e) 19. WAS A)STOP PERFORMED YES NO
20c. TIME OF INJUI Hour a.m. p.m.	Y Month, Dey, Year		ACE OF INJURY (Homa, fer ctory, street, office bldg., at		(County) (Stata)
21. I certify the	0 -	attended the deceased from 24 1961, and tha		- P2:	f, 1960, that (I) (we) and on the date stated abo
22a. SIGNATURE	C. De	ill)	11.01	MED. STAFF DIRECTOR PHYS.	5/25 DAT
22c. PHYSICAN'S NAME (Type)	H. C. Die	111-9	tt 22d, ADDRESS		.,Frostburg,Mo
REMOVAL (Specify) Burial	8-27-61	M.E. Ceme	tery		mit, Md.
24 FUNERAL DIRECTOR	SIGNATURE	ADDRESS Frostburg		ALIG 2 0 104	lathing & Kraus

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS 301 W DEESTON STREET BALTIMORE 1 MARYLAND



VS. A15ME(5) SM 9/55

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 867 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

	PLACE OF DEATH  o. COUNTY  OLLEGANY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If the state of the								If institution: Residence before admission) COUNTY ALLEGANY			
		OR TOWN (If outside corporate limits, write RURAL Solve nagres) fown)		c. LENGTH OF STAY IN 16 44 DAYS	c. CITY OR TOWN (If outside corporate limits, write RURAL on CUMBER LAND					nd give nearest town)		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  MEMORIAL HOSPITAL						d. STREET ADDRESS 947 MARYLAND AVE.,  o. IS RESIDEN ON A FARM YES \( \sigma \) NO						A FARM?
	3. NAME OF DECEASED (Type or print)	First JAME	Lost 4. DATE Month Day Year MARTIN DEATH AUGUST 4 161									
	(Type or print)  JAMES  W. MARTIN  DEATH  AUGUST  S. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED  NEVER MARRIED  8. DATE OF BIRTH  Soll birthdoyl  19. AGE (In yeons lost birthdoyl  19. Months  Months  Months									1YEAR Days		ER 24 HRS. Min.
	Machinist	(Give kind of work done life, even if retired) Helper	1	ND OF BUSINESS OR INDUS	1			ountry) E ORLEA		U.S		COUNTRY?
1	13. FATHER'S NAME				14. MOTHER'S							N 123
小	EDWARD  15. WAS DECEASED EVER	IN U. S. ARMED FORCE	S? 16. SC	OCIAL SECURITY NO. 17. I	NFORMANT	OTTNA	SMITH	Addres				
		yes, give war or dates of servi	DB)		MEMOR I A I	HOSI	PITAL.		ERLAND	) . MI	D.	
	Conditions, if ony gave rise to immedia (o), stoting the uncouse lost.	derlying DUE TO (c)	CARC	TRIBUTING TO DEATH BUT					VEN IN PAR	ONSET MC	ALBETWE AND DEAD NTHS	S
_	PART II. OTHER	RIBUTING []		HOW INJURY OCCURRED. (								
	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Year	While	Not while of work	CE OF INJURY ( ory, street, office	bldg., etc.	n,   20f. (City	or fown)	(Cot	inty)		(Stole)
,			ses 📉	mains described about Accident , Su	cide [], H	lamicide	XAMINER	nspection X ndetermined	_	у 🔼,	and f	find that
	EXAMINER'S BE	NEDICT SKIT	ARELI	C, M.D.			EXAMINER (	4 4110110	т 6,	L96	5L	
	20. BURIAL, CREMATION, REMOVAL (Specify) Burial	Aug. 7,19		Martin Cemetery or				rion (city, town, e Orle:		d.	(State	•)
	23. FUNERAL DIRECTOR'S SIGNATURE  James F. Scarpelli, Cumberland, Md.  ADDRESS  ADDRESS  240. REC'D BY REGISTRAR'S SIGNATURE  Cuthun S. Krana											

L. HORSELEY INC. Wilder Control of Property 1000 THE REPORT OF THE PARTY OF THE

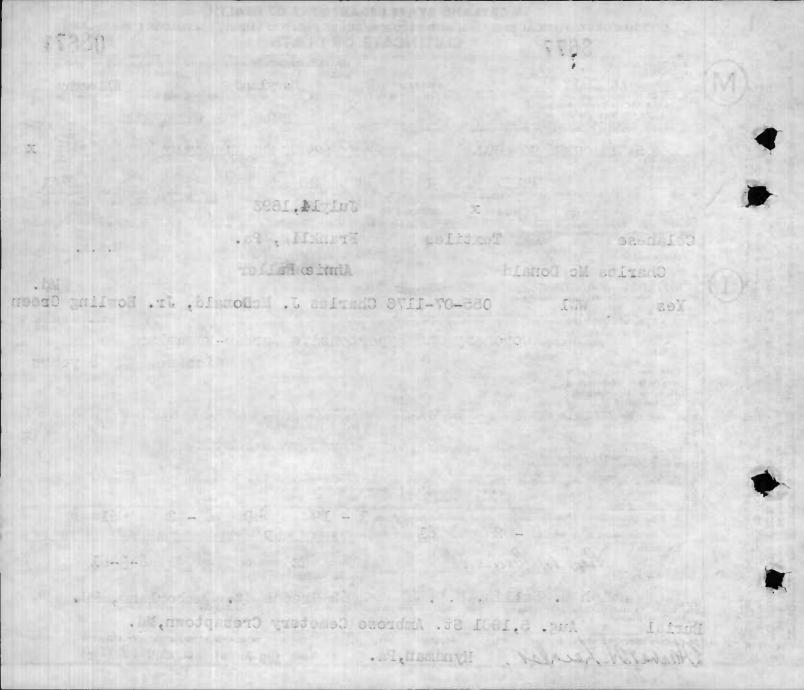
mpletely I in by the funeral papers. Mages I and 2 should in 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Par 4 may be retained by the hospital or attending physician.

S TO FUNE: DIRECTOR: At the capital or attending physician and completely in by the funeral director, page 3 should be detained at for use as the burial-transit permit. Then please remove car appears. Pages I and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 8677 CERTIFICATE	301 W. PRESTON STREET, BALTIMORE 1, MARYLAND ()8671
1. PLACE OF DEATH	2. USUAL RESIDENCE (Whara daceasad livad, If institution, Rasidance bafora admission)
a. COUNTY ALLEGANY MARYLAND	a. STATE b. COUNTY
b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	Maryland  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
writa RURAL and give nearest town)	X
CUMBERTAND	d, STREET ADDRESS   0. IS RESIDENCE
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS ON A FARM?
SACRED HEART HOSPITAL	629 MC MULIAN HIGHWAY YES NOTE
3. NAME OF First Middla DECEASED	Last 4. DATE Month Day Yaar OF
(Type or print)	MC DONALD DEATH 8 2 1961
	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
WIDOWED DIVORCED DIVORCED	July14,1893   last birthday)   Months Days Hours Min.
10a. USUAL OCCUPATION (Giva kind of work   10b. KIND OF BUSINESS OR INDUSTRY	
Celanese Textiles	Franklin, Pa.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Mc Donald	Amie Faller
	363
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. IT	Address Address
Yes WWI (Ifyasgiyawarordalesofservice) 055-07-1176 C	harles J. McDonald, Jr. Bowling Gree
18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: COPONARY and Hype	rtensive Cardio-vascular onset and Death
4 1 2 3	I ochipi ve calaio-vascular
J & U DUE TO	disease 8 years
Conditions, if any, which (b) gava rise to immediata causa	
(a), stating the underlying DUE TO	
causa last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	YES NO 5
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT  208. ACCIDENT WAS UNDERLYING  200. DESCRIBE HOW INJURY OCCURED.  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER. NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Part I or Part II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	CE OF INJURY (Home, farm, † 20f. (City or town) (County) (Stata)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC Hour a.m. While Not While at work at work	
	pry, street, offica bldg., atc.)
p.m. 19 at work at work	
	ory, street, office bldg., atc.)
21. I certify that (I) (this hospital) attended the deceased from	3 19, 1949 to 8 2, 19.6] that (I) (we) la
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on	3 — 19 — 19 to 8 — 2 — 19 that (I) (we) la death occured at 9p.M, from the causes and on the date stated above
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on	3 — 19 — 1949 to 8 — 2 — 19.6] that (I) (we) la death occured at 90.M, from the causes and on the date stated above 22b. DATE SIGNE
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on	3 — 19, 1949 to 8 — 2, 19.6] that (I) (we) la death occured at 90.M, from the causes and on the date stated above D. ATTENDING MED. STAFF PHYS. 22b. DATE SIGNE
21. I certify that (I) (this hospital) attended the deceased fromsaw the deceased alive on	3.— 19
21. I certify that (I) (this hospital) attended the deceased fromsaw the deceased alive on	death occured at 90.M, from the causes and on the date stated above.  ATTENDING MED. STAFF PHYS. SIGNED STAFF SIGNED ADDRESS  62 Greene St. Cumberland. Hd.
21. I certify that (I) (this hospital) attended the deceased from	death occured at 90.M, from the causes and on the date stated above.  ATTENDING MED. STAFF SIGNED DIRECTOR PHYS. STAFF SIGNED 22d. ADDRESS  62 Creene St. Cumberland. Id.
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on	death occured at 90.M, from the causes and on the date stated above.  ATTENDING MED. STAFF SIGNED DIRECTOR PHYS. STAFF SIGNED 22d. ADDRESS  62 Creene St. Cumberland. Id.
21. I certify that (I) (this hospital) attended the deceased from  saw the deceased alive on	death occured at 9p.M, from the causes and on the date stated above  ATTENDING MED. STAFF PHYS. B-3-61  ATTENDING MED. STAFF SIGNED  D. PHYS. B-3-61  22b. DATE SIGNED  22c. ADDRESS  62 Greene St. Cumberland, Md.  23d. LOCATION (City, fown or county) (Stata)  62 Creene St. Cumberland, Md.  25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
21. I certify that (I) (this hospital) attended the deceased fromsaw the deceased alive on	death occured at 90.M, from the causes and on the date stated above  D. ATTENDING MED. PHYS. 18-3-61  22b. DATE SIGNED  22d. ADDRESS  CREMATORY 23d. LOCATION (City, fown or county) (State)  CRECE CEMBER (State)  (State)

en

MARYLAND STATE DEPARTMENT OF HEALTH



# IO HOSPITAL OR AITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after d in by the funeral ages 1 and 2 should in 72 hours after Smpletely by the hospital or attending physician. As a certificate has been signed by the attending physician are deforuse as the burial-transit permit. Then please remove callealth prior to burial, cremation, or removal, and in any event, death. Pr. 4 may be retained of the control of director, page 3 should be den. be filed with the State Dept. of

15M 9/60

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (18678)

3	1. PLACE OF DEATH  o. COUNTY	11	2. USUAL RESIDENCE (Where		Residence before admission)
	A77	ARYLAND	a. STATE	b. COUNTY	Allocony
	b. CITY OR TOWN (if outside corporete limits,   c. LENGTH OF		c. CITY OR TOWN (If ourside co		Allegany
7	write RURAL and give nearest town) Frostburg	0.770	Trouble		
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street	address)	Frostb	arg,	. IS RESIDENCE
		,			ON A FARM?
1	Miners Hospital		7 S. Wa	ter Street	Dev Yeer
Ť	DECEASED	le	OF		Dey Yeer
	(Type or print) Ernest B		McKenzie DEAT	August	3rd. 1961
	5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MA	RRIED B.	DATE OF BIRTH	9. AGE (In yeers   IF UNDER   last birthday)   Months	TYEAR 7 IF UNDER 24 HRS.  Deys Hours Min.
	111111111111111111111111111111111111111	RCED   F	eb.19th,1895	66 yrs.	Tours Ivani,
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	S OR INDUSTRY	11. BIRTHPLACE (County & Stete,	or foreign country) 12. Cl	TIZEN OF WHAT COUNTRY?
	Ret-Engineering Dept.Celanese	Corp.	Maryland		USA
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	John F. McKenzie		Annie Loar		
	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURI	TY NO. 17. IP	VFORMANT	Address	
	Yes W.W.1 213-09-63	78 Mr.	s.Eva B.McKenz	ie 7 S Wate	r St.F'bg.Md
	18. CAUSE OF DEATH (Enter only one ceuse per line for (a), (b), e	nd (c/)	To Meneria	re, Dowa de	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	2KA I	illes		ONSET AND DEATH
	DUE TO	1000			0
ī	Conditions, I any, which (b)	KD //	mounton	1	15 xby
-	geve rise to immediate cause	19	The state of the	2	7
	(e), stating the underlying DUE TO	1 Kia	I Uslan	1	1
	Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT	RELATED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PA	RT 1(e)   19. WAS AUTOPSY
	F.	207 1101	TREETIED TO THE TERMINATE DISCUS		PERFORMED
	O DE ACCIDENT WAS UNIDEDLYING TO LODE DESCRIPE HOW INTO	INV OCCUPED	(Enter neture of injury in Part I or Par	t II of itom 10 )	YES NO
	OR CONTRIBUTING CAUSE OF DEATH	JRY OCCURED.	(three neture of injury in Part I or Par	II of Item 16.)	
					10111
	ZOc. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURS Hour a.m. While Not While et work at work at work	ED 2De, PLAC	CE OF INJURY (Home, farm, 20f. (Ciry, street, office bldg., etc.)	City or town) (Co	ounty) (Stete)
	p.m. 19 el work al work		70	1,109	
	21. I certify that (I) (this hospital) attended the dece	ased from	Wy 14 1961, 1	Luy2 , 19	that (I) (we) last
	saw the deceased alive on aug 3 196,	, and that	death occured st AM, from	m the causes and on	the date stated above.
-	22a. SIGNATYRENO DANN		ATTENDING / MED.	STAFF	22b. DATE SIGNED
	WillLane	J.M	DILLIA DIRECTOR	PHYS.   U	4441961
	22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS		
	W. O. McLane,	11	167 E. Main	St., Frostb	irg, Md.
		F CEMETERY O		CATION (City, town or cour	
	Burial 8-5-61 F'bg.1	demoria	al Park F:	rostburg,	Md.
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRES		25e. REC'D BY REG	ISTRAR 256. REGISTRAR'S	
	S. P. Durst Frost	burg, 1	Md. DATE AUG 7	61 Orthur	8 Kraua
	11000	6)			

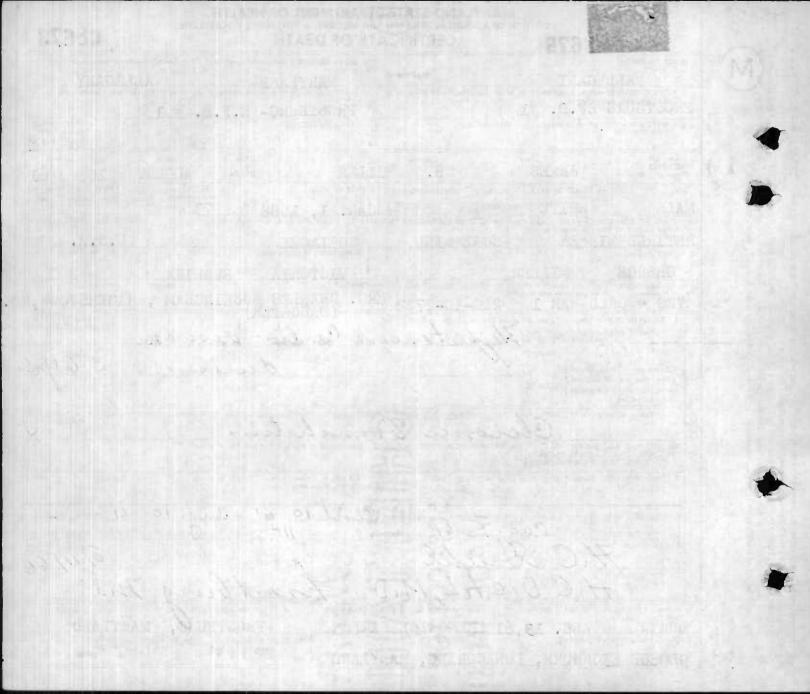
Constitution of the second Parks De la Centa de la The Fall of the same of the sa . of A grant to the second of The second second second pendace | Continues | adding the continues | The state of the Committee of the state of t

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

8679

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1.	PLACE OF DEATH  G. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
L	ALLEGANY	MORYLAND ALLEGANY
I	b. CITY OR TOWN (If autside corporate limits, write RURA and pive negrest town) D. #1	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  FROSTBURG- R.F.D. # 1
T	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)  JAMES H. MI	LLER 4. DATE Month Doy Year AUGEST 10 1961
	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.     lost birthdoy)   Months   Days   Hours   Min.
	IALE WHITE WIDOWED DIVORCED	JAN. 1. 1888 73 yrs.
_	a. USUAL OCCUPATION (Give kind af work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired)	
-	ETIRED MINNER   COAL MINE	GILMORE U.S.A.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
16	GEORGE MILLER WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	VICTORIA BUSKTRK Address
	a an according of the state of	RS. CHARLES BUCKINGHAM, HAGERSTOWN, MI
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Herbertense	ve Cardio - Vascular
	THE TO	1 1110
	Conditions, if ony, which (b)	disease, 0-6 915.
	gave rise to immediate cause (o), stating the under-	
7	lying cause last. (c)	
OF T	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
FICA	20- ACCIDENT WAS UNDERWIND TO JOHN DESCRIPTION IN THE PROPERTY OF THE PROPERTY	Onchules, YES NO
L CERTIFICATION	OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port I or Part II of item 18.)
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 40 PL While Not while for	ACE OF INJURY (Home, form, 20f. (City ar town) (County) (State) actory, street, office bldg., etc.)
MEC	p. m. 19 at work at work	
13	21. I certify that (1) (this haspital) attended the deceased fram	april 10, 1961, to aug. 10, 1961, that (1) (10) last
	saw the deceased alive on aug 17 196/, and that a	death accurred at II H, M, from the courses and an the date stated above.
	220. SIGNATURE H.C. Dieble,	M.D. PHYS. MED. STAFF PHYS.   8/1/6/
	122c. PHYSICIAN'S H.C. Die AL, M.D.	). Frostburg, Ind.
23	BURIAL, CREMATION, 23b, DATE THEREOF 23c, NAME OF CEMETERY C	OR CREMATORY 23d. LOCATION (City, Joyn, ar county) (Stote)
L	BURIAL AUG. 14,61 MEMORIAL P.	ARK FROSTBURG, MARYLAND
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
L	GEORGE EICHHORN, LONACONING, MAR	YLAND DATE AUG 1 4 '61 Contluy S. France

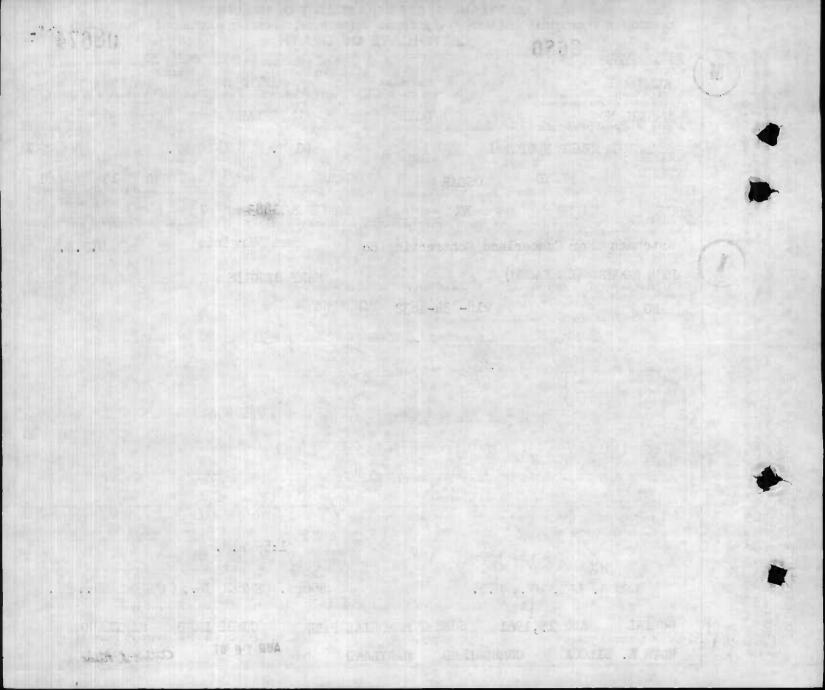


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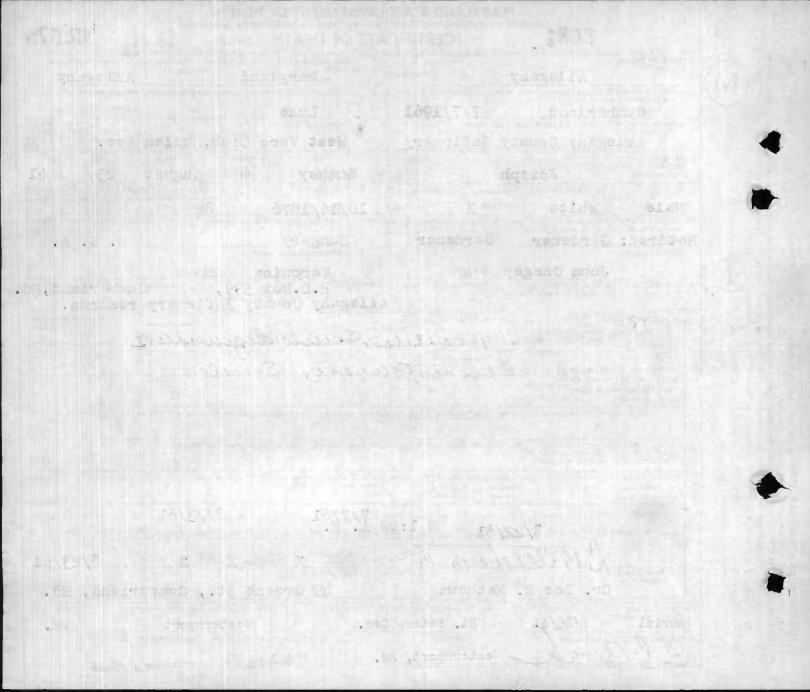
#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

-	00011					
	PLACE OF DEATH		2. USUAL RESIDENCE			e before admission)
	ALLEGANY	MARYLAND	a. STATE	RYLAND	ALLEGA	VY
1	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outsida corporate limits, v	write RURAL and give r	earest town)
	CUMBERIA ND	L DAYS	02 CUMBER	RT.AND		
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospi		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
-	SACRED HEART HOSPITAL		501 N.	MECHANIC ST		YES NO T
	3. NAME OF First DECEASED	Middle	Last	The best of the second second second	onth Day	Year
	(Type or print) THE OTT	SCAR	MOORE		GUST 13	1961
			DATE OF BIRTH	9. AGE (In ye	ars   IF UNDER 1 YEAR	IF UNDER 24 HRS.
	MALE WHITE WIDOWED	IXIX DIVORCED	MARCH 24,18	last birthda 78 yr	Would pale	Hours Min.
	10a. USUAL OCCUPATION (Give kind of work   10b, KIN	D OF BUSINESS OR INDUSTRY	and the same of th	y & State, or foreign coun	ntry)   12. CITIZEN O	F WHAT COUNTRY?
	Watchman For Cumberland	Contracting Co	West	Virginia	11	SA
	13. FATHER'S NAME	Contracting Co	14. MOTHER'S MAIDEN N			U-M-
	JOHN MOORE EDECEASED)		MARY HI	GGTNS		
	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. St (Yes, no, or unknown)   (Ifyes give war or dates of sarvice)	OCIAL SECURITY NO. 17. IN	FORMANT	Add	Iress	
		8- 34-4632 OLI	CHART			
	18. CAUSE OF DEATH (Enter only one ceuse per lin	e for (a), (b), end (c).]	0			ERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	neval Nes	working e			
	331X DUE TO //	1 -	1		-000 mg-	
	Conditions, if any, which (b)	pedensen	~			
	gave rise to immediate cause (a), stating the underlying DUE TO	7			AT CAMPAGE	
	causa last. (c)					
	Z PART II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT	RELATED TO THE TERMIN	AL DISEASE CONDITION	GIVEN IN PART 1(a) 1	9. WAS AUTOPSY PERFORMED?
	CAI	SECTION 18 P. C.				YES NO
)	PART II. OTHER SIGNIFICANT CONDITIONS CONT  208. ACCIDENT WAS UNDERLYING 206. DESCI OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURED.	(Enter nature of injury in P	art I or Part II of item 18.)		
		NJURY OCCURRED   200, PLAC	E OF INJURY (Home, farm,	. 20f. (City or town)	(County)	(State)
	Hour a.m. While	Not While factor	y, street, office bldg., etc.)			
			8/9	961, to \$13	10/0/.	1 (1) () 1
	21. I certify that (I) (this hospital) attended	1 1				hat (I) (we) las
	saw the deceased alive on	19 <u>U.1</u> , and that	Tal	M, Irom me caus	es and on me de	2/2b. DATE
	228. 31514110ML	M.C	ATTENDING M	RECTOR PHYS.		S/14/SIGNED
	22c. PHYSICIAN'S	10	22d. ADDRESS			11
	NAME EO H. LEY, JR., M.D.	•	456 N.	CENTER ST.,	CUMBERLAND	., MD.
		23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City	, town or county)	(Stata)
1	BURIAL AUG 15.1961	SUNSET MEMORI	AL PARK	CUMBERLAND	MARYLAN	ID.
	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC	D BY REGISTRAR 256.		7
*	RUTH E. SILCOX CUMBER	RLAND MARYLA	ND DATE AU	G 1 6 '61	arthur & the	ue



	8681 MA		EPARTMENT OF DEATH	MORE 1, MAR	YLAND	lm ()	8675
7	PLACE OF DEATH o. COUNTY  Allegany	Item 14 Film- MARYLAND	2. USUAL RESIDENCE (W o. STATE Mary		b. COUNTY	dence before ode Allegai	
刀	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate li	mits, write RURAL on	nd give nearest t	own)
	Cumberland	7/7/1961	X Luke				
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION  Allegany County		d. STREET ADDRESS	co Club,	Mullen A	10	RESIDENCE N A FARM?
	3. NAME OF First DECEASED (Type or print) Joseph	Middle Nag	y Gygggy/	4. DATE OF DEATH	Month August	23.	Yeor 19 <b>61</b>
Ī	5. SEX 6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AC		ER 1 YEAR IF UI	
	Male White WIDOW	ED DIVORCED	10/16/1876		f birthdoy) Month	s Days Hou	ırs Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote		12.0	ITIZEN OF WHA	AT COUNTRY?
		Jardener	Hungary			U.S.	A .
	3. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME			
	John Gnagey	Nagy	Veroni	ca unkr	nown		
	(Yes, no, or unknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO. 17. IF	FORMANT P.O.BO	x 599,	Address C U	mberla	nd, Md.
		A.	Llegany Cou	inty Inf			
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Conditions, if any, which gove rise to immediate couse (o), storing the under- lying couse lost.  (c)	Jenio Sele	sorie,	Decil.	espleoz		
	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	IINAL DISEASE CON	IDITION GIVEN IN P	PE	AS AUTOPSY REFORMED?
	20g. ACCIDENT WAS UNDERLYING A CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of	item 1B.)		
	Hour o.m. While		ACE OF INJURY (Home, formation), street, office bldg., etc.	m, 20f. (City or to	wn)	(County)	(Stote)
	21. I certify that (I) (this haspital) attends saw the deceased alive an 8/22/6	@ T•00	A M		23/61 19 causes and an I		ted abave.
	220. SIGNATURE A Melleyk	ein h	M.D. ATTENDING NO D	NED. ST.	AFF YS. X	8/2	22b. DATE SIGNED 3/61
	22c. PHYSICIAN'S NAME (Type) Dr. Lee B. Ma	thews	22d. ADDRESS 49 Gre	ene St.	, Cumber	Land,	Md.
	230. BURIAL, CREMATION, 23b. DATE THEREOF BURIAL (Specify) 8/25/61	23c. NAME OF CEMETERY O			(City, town, or county	y) (S	Stote)
-	1 71 7	St. Peters Ce		Wester	1	-1011171105	Md.
	24. FUNERAL DIPECTOR'S SIGNATURE	ADDRESS		'D BY REGISTRAR	2Sb. REGISTRAR'S	SIGNATURE	
F	Of 130 m	esternport, Md.	DATAU	25'61	Outling &	Kinus	



# FOR STATE HEALTH DEPT.

v is necessary, director. Page for your files.

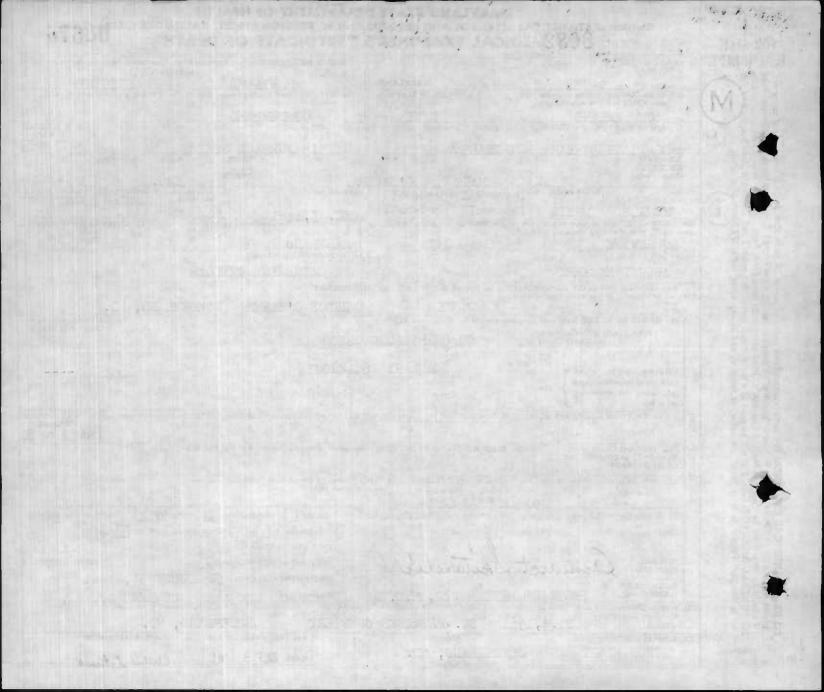
for your retained for yo

TO DEP \*\* MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any please execute the certificate, from the word "pending" in pencil in Item 18. Give Pages 1, 2, and to the funds a should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 to be retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hoursafter death.

VS. A15ME 5M 0160

### MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 8682MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH  •. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institutions Residence before edmission)  e. STATE  b. COUNTY
ALLEGANY	
b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)	
CUMBERLAND LIFE	CUMBERLAND
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	s) d STREET ADDRESS   e. 15 RESIDENCE ON A FARM?
TO DOA GAODED TERADE HOODTEAT	/
DOA SACRED HEART HOSPITAL  NAME OF Middle	515 FURNACE STREET   165   NO 14
DECEASED	OF
	BAKER AUG. 31 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED	9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HRS.
FEMALE WHITE WIDOWED DIVORCED	Months Doys Monts Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	DEC 3 1881 79 YES.  NDUSTRY 11. BIRTHPLACE (Siete or foreign country) 12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE OWN HOME	MARYLAND USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
AUGUST MACKERT	CATHERINE GRELLER
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. (Yes, no, or unkown)   (Ifyesgivewarordetesofservice)	17. INFORMANT Address
NO NONE	LAWRENCE O'BAKER CUMBERLAND, MD.
1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) CORONARY	OCCLUSION SITDDEN
	OUTODIONDUINEN
Conditions if any which CORONAR	Y SCLEROSTS
Conditions, if eny, which geve rise to immediate cause	DONELLO TO
(e), steting the underlying DUE TO	
cause lest. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
TY CONTRACTOR OF THE CONTRACTO	YES NO DAK
PRIMARY OF CONTRIBUTING	URED. (Enter nature of injury in Pert I or Pert II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2 Hour e.m. While Not While et work et work et work	Oe. PLACE OF INJURY (Home, ferm, 20f. (Cily or town) (County) (Stete) factory, street, office bldg., etc.)
p.m. 19 et work et work	
21. I certify that I took charge of the remains described abo	ve, held an Autopsy, Inspection, Inquiry, and in my opinion
death resulted from: Natural causes A. Accident .	Suicide, Homicide, Undetermined manner
	CHIEF MEDICAL EXAMINER
SIGNATURE Denedict Sketarelis	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
	DEPUTY MEDICAL EXAMINER [X] AUGUST 31, 1961
EXAMINER'S NAME (1990) RENEDTOT SKITARELIC M D	
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEME	Address (Street, city, town, or county) CIMBERLAND, MD, (Steet)
BURIAL SEPT. 4,1961 ST. PATRIC	
23. FUNERAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR   24b. REGISTRAR'S SIGNATURE
BYRON KIGHT CUMBERLAND, MD.	DATE SEP 5 '61 0-1-04
	DATE 82P 5 '61   arthur & Know



08677

									Reg. Dis	st. No.	
1.	PLACE OF DEATH					2. USUAL RESIDENCE	(Where dece			nce before odn	(noising
1		llegany		MARY	LAND	a. STATE West	Virgin	าว์ล b. count	Min	eral	
	b. CITY OR TOWN III	outside corporate limits, write	RURAL	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN	(If outside co	rporote limits, write		The second second	own)
	Cumber			Minut	es	Wiley I	Ford				
	d. NAME OF HOSPIT	AL OR INSTITUTION (	f not in hos	pitol, give street oddres		d. STREET ADDRESS		V			RESIDENCE
L		ial Hospita	al					8 5/	150		NO G
3.	NAME OF DECEASED	Fin	st.	Middle		Lost	4. DATE OF	Mont	h	Day	Year
L	(Type or print)	CLARA		LARUE		PEER	DEATH	Augus	t 11.		19 61
5.	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8.	DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER 1		DER 24 HRS.
L	Female	White	WIDOWEE	DIVORCED [		uly 13, 189	98	63 yrs.	Months [	Days Hours	Min.
10	. USUAL OCCUPATIO	ON (Give kind of work	ione 10b. K	IND OF BUSINESS OR I	INDUSTI	RY 11. BIRTHPLACE (Sto	ote or fareign	country)	12. CITIZ	EN OF WHAT	COUNTRY
	Housewif			wn Home		Edinbur		าตำกาล		U.S.A.	
13	FATHER'S NAME		10	1184		14. MOTHER'S MAIDEN		Entertained		Uallana	
	Jam	es Beddows				Elnora	Manaha	77			
15	. WAS DECEASED EVI	ER IN U. S. ARMED FO		SOCIAL SECURITY NO.	17. IN	FORMANT	TRAL SILS	Address			
170	n. no, or unknown)	If yes, give war or dates of	service	None		Mrs Gilbert	Comit	to Comb	E	3.5.2	
F		TH [Enter only one cau	se per line (			Mrs Gilberi	General	UZ, GUIROR	erland	INTERVAL BETW	/FFN
		H WAS CAUSED BY		777777 40371 7077	י אינורניי	A A CETTOR N	OT O A DD	TAT DATE	יתרו	ONSET AND DE	ATH
	116	IMMEDIATE CAUSE (a)		OLMONARI E	DEM	A; ACUTE M	TOGARD	IAL FAILU	Inc	L Ho	ur
	726	DUE TO		CODORTADA	7 6 70	TOTAL DIGITAL					
	Conditions, if an	liote couse		CORONARY	AR	TERY DISEAS	E				
	(a), stating the u			CODOTT	7777	7077700070					
-	cause last.	) (c).				SCIEROSIS					
CATIO	PART II. OTH	ER SIGNIFICANT CON	onions <u>co</u>	NIKIBUTING TO DEATH	BUIN	OT RELATED TO THE TER	MINALDISEA	SE CONDITION GIV	VEN IN PART	YES T	AUTOPSY ORMED? NO
CERTIFICATION	20g. EXTERNAL CAUPRIMARY TO GO CAUSE OF DEATH.	ISE WAS 20	b. DESCRIBE	HOW INJURY OCCUR	RED. (En	iter noture of injury in F	ort I or Port I	I of item 18.)			
	20c. TIME OF INJUR	RY Month, Day, Yea	r 20d. II	NJURY OCCURRED 20	e. PLAC	E OF INJURY (Home, fo	rm. 120£ (Cit	ty or town)	(Cour	ntv)	(State)
MEDICAL	Hour a. m.	19	While	Not while	facto	ry, street, office bldg., e	Hc.)	,,,	(000)	,,	(3.0.0)
2	p. m.		of wor		1.0	1.11				[22]	
	1					re, held an Autor	* Numeral .	Inspection A		X, and	find the
	death resulted	fram: Natural	causes 🔯	Accident,	Suic	ide 🔲 , Hamici	de 🔲, U	Indetermined of	cause .		
	ACTUAL	) , '	1	111	1/					DATE	SIGNED
1	SIGNATURE	enedic	FV	Clarel	10/	M.D. CHIEF MEDICAL	EXAMINER [			DATE	
	EXAMINER'S					ASSISTANT MED	ICAL EXAMIN	ER 🗌 🗛	gust 1	2. 196	7
-	NAME (Type)	enedict Ski	tarel:	ic, M.D.		DEPUTY MEDICA	L EXAMINER		mberla		6
220	BURIAL, CREMATIO REMOYAL (Specify)	N, 226. DATE THEREO	F	22c. NAME OF CEMETE	RY OR	CREMATORY	22d. LOC/	ATION (City, town,	or county)	(Sta	te)
	Burial	August 1	4, 19	61 Hiller	rest	Burial Par	k Cu	mberland,	Mary	land	
23.	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS	1985		C'D BY REGIS		STRAR'S SIGI	NATURE	
	John J	. Hafer, Cu	mberl	and, Maryla	md	DATE	UG 1 6 '6	SI an	Chur B o	4 4	
C						· · · · · · · · · · · · · · · · · · ·				P. P. W. B. III	

VS. A15ME(5)
5M 9/55

IN THE CONTRACT OF THE CONTRAC TO THE WAY OF THE WORKS BOWN THE REAL PROPERTY.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death. Plant a may be retained by the hospital or attending physician.

S TO FUNEXAL DIRECTOR:

A discrete, page 3 should be detacked for use as the burial-transit permit. Then please remove can papers. Pages 4-and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the state Dept.

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND () 8678

1. PLACE OF DEATH  e. COUNTY					nstitution: Residence before edmission)
	IV	MARYLAND	a, STATE	b. COUN	ALLECANIN
b. CITY OR TOWN (if ou write RURAL end giv	tside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (II	outside corporata limits, writa	RURAL end give neerest town)
		10 DAVS	1) CHIMPE	DI AND	
d. NAME OF HOSPITAL	ND MD OR INSTITUTION (if not in hos	pilal, give street address)	d. STREET ADDRESS	IS LA INU	a. IS RESIDENCE
MEMOR IAL	& WARWICK AVE	S.			ON A FARM?
MEMORIAL	HOSPITAL		420 A	VIRETT AVENUE	YES NO
3. NAME OF DECEASED	First	Middle	Last	OF Month	Day Yeer
(Typa or print)	MADY	IE A METTE	011111100	DEATH ALICUS	T 4. 19 61
5. SEX 6.	COLOR OR RACE 7. MARRIE	JEANETTE  D NEVER MARRIED B	DATE OF BIRTH	9. AGE (In yeers last birthday)	IF UNDER 1 YEAR   IF UNDER 24 HRS.
FEMALE	WIDOWE WIDOWE	DIVORCED T	2 22 1001		Months Days Hours Min.
10e. USUAL OCCUPATION	(Give kind of work   10b. K	IND OF BUSINESS OR INDUSTR	2-22-1901	DU DU	1 12. CITIZEN OF WHAT COUNTRY
dona during most of working	lifa, even if ratirad)				
Housewife	9 0	vn Home	W. VA.		U. S. A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN N.	AME	
	RLES J. PRICE		ANNA V. H	ALL	
15. WAS DECEASED EVER IN (Yas, no, or unkown)   (Ifyes		SOCIAL SECURITY NO. 17. I	NFORMANT	Address	
		TONE	MEMORIAL HOS	DITAL CUMOE	DI AND AND
NO 18. CAUSE OF DEA'	TH [Enter only ona cause par l	NONE	MEMORIAL HUS	PITAL - CUMBE	I INTERVAL BETWEEN
PART I. DEATH W	. /		-		ONSET AND DEATH
	EDIATE CAUSE (a)	mylegic	U		must
1 33 11.8	DUE TO / D	04	1 1	0	1_
Conditions, if any, w		1 - X har	1 atten	allers -	Mon
gava risa to immadiata	(4)	- you	1 con		1
(e), stating the undar	2115 70				V
causa last.	(c)				
Z PART II. OTHER SIG	SHIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINA	L DISEASE CONDITION GIV	EN IN PART 1(a)   19. WAS AUTOPSY
181					YES NO 1
5		CRIST LIGHT DULLING COLUMN			115 U NO U
PART II. OTHER SIGNAL OF CONTRIBUTING OR CONTRIBUTING OF CONTR	CAUSE OF DEATH	CRIBE HOW INJURY OCCURED	(Enter natura of injury in Pa	if I or Part II of Itam IB.)	
20c. TIME OF INJURY Hour e.m.	Month, Day, Yaar 20d. While		CE OF INJURY (Homa, farm, ory, straat, offica bldg., etc.)	20f. (City or town)	(County) (State)
Hour e.m.	19 at wor	1401 44 11116	0 1	. /	1.611
			July 9 11	El Den	- + 10 6/ About (1) (ma) land
21. I certify that	(I) (this hospital) aften	ded the deceased from	2.15 P	M 10.0	(, 19/., that (I) (we) las
saw the deceased	alive on.		death occured 45. P.	.M, from the causes	and on the date stated above
22a. SIGNATURE	DA				22b. DATE
1 02.20	k K	ella M	PHYS. ATTENDING ME	D. STAFF	0-/9// SIGNE
22c. PHYSICIAN'S	n. James	m m	22d. ADDRESS		1// 1/
NAME (Typa)				NE OT CHMOE	DIAMS NO
	DR. BLANE SCH	INDLER	43 GREE	NE ST., CUMBEI	TLAIND, IND.
23a. BURIAL, CREMATION,	23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, tow	on or county) (Stata)
REMOVAL (Specify) Burial	Aug. 7.1961	Hill Crest	Punial Parls	Chamber of 3	Ma
		ADDRESS	Burial Park	Cumberland  BY REGISTRAR 256. REC	
24 FUNERAL DIRECTOR'S		ADDKESS			MISTRAN S SIGNATURE
Byron K	ight Cumber	land, Md.	DATEAUG	10'61	thung S. Kinus
					AU, / VITAVA

es of the second A DUNING THE REPORT OF THE 2911179 TITLE OF THE STATE gra, ora, JOHN JOHN O BOLINADO STATE OF THE PERSON OF THE PER 多井产品 计二字形式 PAR DOMESTIE ST. CONSERVADO DE 17.31G (HUNE SMITH . 90 Land Course Course Course Course

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 8685 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edimission) is ne... director. P... vour files. e. COUNTY b. COUNTY Allegany Allegany MARYLAND Maryland b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL end give nearest town) Pinto near Cresaptown Pinto near Cresantown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE Boar ò ON A FARM? refained ne State E On farm of J.T. Mason YES X NO 3. NAME OF 4. DATE Middle Month Dev Yeer DECEASED OF (Type or print) DEATH 1967 ROBER POT, TNG August AGE (In yeers | IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. 5. SEX B. DATE OF BIRTH last birthdey) Months | Days Hours Male White 1, 2, and age 5 m. 1 and 2 v 72 hours WIDOWED Dec. 7. 1943 DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) ve Pages PM3. Pa Cumberland, Maryland Farm Laborer Dairy Farm USA pages 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Poling Rose Dawson File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address permit. (Yes, no. or unkown) | (If yes give we ror detes of service) with Mrs. Harry Albright. Pinto near Cresantown. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN Office along w burial-transit per ONSET AND DEATH PART I. DEATH WAS CAUSED BY ASPHYXIATION: TRAUMATIC 5-10 Min. IMMEDIATE CAUSE (e) DUE TO removal 5-10 Min. COMPRESSION OF CHEST Conditions, if eny, which (b) gave rise to immediate cause ro DUE TO SE (e), steting the underlying Examiner 0 PINNED UNDER OVERTURNED FARM TRACTOR cremation, or cause lest. 5-10 Min PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? Word NO X Medical plnods 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. Farm tractor overturned pinning deceased under it. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ; 20f. (City or town) (State) R: Page 20c. TIME OF INJURY (County) fectory, street, office bldg., etc.) While Not While at work at work 1961 Pinto Alleg forwarded to the LL DIRECTOR: Paied agent, prior prior Farm cute the certificate, 21. I certify that I took charge of the remains described above, held an Autopsy Inspection w Inquiry y and in my opinion Accident X Suicide Homicide Undetermined manner death resulted from: Natural causes CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL I SIGNATURE DEPUTY MEDICAL EXAMINER August NAME (Type) Address (Street, city, town, or county) cumberland, Md. (Stete) DEPU | NAME (Type) | Benedict Skitarelic, | 22e. BURIAL, CREMATION, | 22b. DATE THEREOF | 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) OH Q40 p Memorial Cem. Cumberland, Maryland Burial 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME John J. Hafer, Cumberland, Maryland Orthur & Kraus DATELLG 8 5M 9/60

AND STATE DEPARTMENT OF HEALTH

118628 Part I am Fe dans I am the man The contract of the contract o Paris I dense Managar to the property of the contract of the c John J. Harner, Combradand, Correland III | Lawrence of the Correland

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 8685 CERTIFICATE OF DEATH

	1. PLACE OF DEATH  o. COUNTY	2. USUAL RESIDENCE (Where decaased lived, If institution; Residence before admission) a. STATE b. COUNTY
	ALLEGANY	a. STATE b. COUNTY ALLEGANY
	b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town)
Н	CUMBERLAND	RT. 4. CUMBERLAND X
)	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)  MEMORIAL & WARWICK AVES.  MEMORIAL HOSPITAL	d. STREET ADDRESS North Branch  o. IS RESIDENCE ON A FARM? YES Y NO
	3. NAME OF First Middle DECEASED	Lest 4. DATE Month Dey Yeer OF
	(Type or print) JOSEPH WASHINGTON	POLLOCK DEATH AUGUST 29, 1961 19
		DATE OF BIRTH 9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HRS.
	WIDOWED TO DIVORCED TO	lest birthdey) Months Deys Hours Min.
	10e. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTR	Y   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
	Farming  Own Farm  Own Farm	MX Allegany, Md. U. S. A.
	ROBERT POLLOCK	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 1 17. I	EMMA GRACE  NFORMANT Address
	(Yes, no, or unkown)   (Ifyesgivewerordetesofservice)	
	NO 215-20-6496  18. CAUSE OF DEATH [Enter only one course per like for (e), (b), and (c).]	EMORIAL HOSPITAL - CUMBERLAND, MD.
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	IMMEDIATE CAUSE (a)	Homomage Xxxyx
Н	DUE TO	00 180 1
	Conditions, if eny, which gave rise to immediate cause	of there & there was
	(e), steting the underlying DUE TO	
	ceuse lest. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	COAT	YES NO D
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (Enter nature of injury in Pert I or Pert II of item 18.)
	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, farm,   20f. (City or town) (County) (State)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA Hour e.m.  p.m. 19 et work af work	ory, street, office bldg., etc.)
	21. I certify that (I) (this hospital) attended the deceased from.	8 ~ 281 1961 to 8 29 196/ that (1) (we) last
		death occure 55. P. M. from the causes and on the date stated above.
	22a. SIGNATURE	22b. DATE
	W. X. William	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.
	22c. PHYSICIAN'S	22d. ADDRESS
	NAME (Typa) DR. W. F. WILLIAMS	122 S. CENTRE ST., CUMBERLAND, MO.
	23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY	
	REMOVAL (Specify) Burial 9/1/61 Sunset Memo	orial Park Cumberland. Md.
1	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
}	H. Wayne George, Cumberland, Md.	DATE SEP 5 '61 Orthur S. Thomas
		,

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CHAIRS YOU I DIVE OT. J. CHAIRS NO.

EMORIAL 1 WORLK S.

JOS. - TOLLOCK COLLOCK

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128 S. CENTRE ST., CHINESTAND, NO. DR. M. F. WHILIAMS

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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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1. PLACE O	F DEATH				tution: Rasidance before admission)
	LEGANY	MARYLAND	e. STATE PENNSYLVAI	b. COUNTY	OMERSET
	R TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16		outside corporete limits, write RU	
	RURAL end give neerest town)	5 DAYS	MEYERSDALE	Ε	
d. NAME	OF HOSPITAL OR INSTITUTION (if not i	n hospital, giva straat address)	d. STREET AOORESS	70	e. IS RESIDENCE ON A FARM
MEM	ORIAL HOSPITAL		RT. #4.	13	YES NO
NAME O		Middle	Lest	4. DATE Month	Day Yaar
(Type or p		E WILLIAM	PORTER	DEATH AUGUST	8 1961
5. SEX	6. COLOR OR RACE 7. MA	ARRIED NEVER MARRIED   8	. DATE OF BIRTH	9. AGE (In yeers IF I	
MALE			NOVEMBER 10,	1902 last bigthdey) Mo	onths Days Hours Min.
10e. USUAL	OCCUPATION (Give kind of work   1	Ob. KIND OF BUSINESS OR INDUSTR	Y   11. BIRTHPLACE (County	y & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
done during	most of working life, even if retired)		MT. SAVAGE	E, MARYLAND	U.S.A.
13. FATHER'S	SNAME		14. MOTHER'S MAIDEN N		
G	EORGE G. PORTER		TILLIE KEI	NNELL	
15. WAS DEC	CEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.		Address	
Yes, no, or u	nkown) (If yes give war or dates of service)	1	MEMORIAL HOSP	ITAL, CUMBERLAN	D. MD.
	USE OF DEATH [Enter only one cause				INTERVAL BETWEEN
PA	RT I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Cerebral p	netastase	20	ONSET AND DEATH
1	7 X DUE TO				
Condition	ns, if eny, which ) (b)	Carcinom	a of Oros	etate	180mms
geve rise	to immediate cause				
(a), stati	ing the underlying				
	T II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	AL DISEASE CONDITION GIVEN	IN PART 1(a)   19. WAS AUTOPSY
ATIO					YES NO
OR CON	CIDENT WAS UNDERLYING   206.	DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in P	art I or Pert II of item 18.)	
OR CONT	TRIBUTING [] CAUSE OF DEATH R, NOTIFY MEDICAL EXAMINER)				
₹ 20c. TIM	AE OF INJURY Month, Day, Yeer		CE OF INJURY (Home, ferm,		(County) (Stata)
ZOc. TIM		While Not While tech	ory, street, office bldg., etc.)		
	ertify that (I) (this hospital) a		Chamum 1	1060 to 8 ang	, 19.6/, that (I) (we) last
21. 1 6	e deceased alive on	me, 106/ and that			
	GNATURE		dealli occurred ar	Holli illo caases all	22b, DATE
226. 310	Games G. S	tegmanin		IED. STAFF	9 ang Gl
22c. PH	YSIZIAN'S		22d. ADDRESS		
NA	JAMES G. STEGMAI	ER	122 S. CEN	NTRE ST., CUMBER	RLAND, MD.
	, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town	or county) (Stata)
REMOVAL	L (Spacify)	OCI Townia PITT	Comptant	Morrow ad - 7	- D- DD // 4
	rial Aug. 12, 1	961 Temple EUE	Cemetery 25. REC	D BY REGISTRAR 256. REGIS	TRANS SIGNATORE #4
Vya	Meux Loial	31) Handman D	alic	. 104	1 S. Kraus
CC 150	1000	Hyndman, P	3.**		20, 100

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M. SAVACE. - GREENING . THE

AND THE REPORT OF THE PROPERTY OF THE

THE TRUBES IN THE PARTY OF

01.000 01 3000 TO

Burial Aug. 19, 1981 Temple HUH Cometory leyersdele, Ra. High

CY ACTION S. Margarette Hyrogenth. Pa.

TAKES C. STERNALEP - CONTROL 122.5. CONTROL ST., CHRESTALLIN, MU.

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

()8682

		PLACE OF DEATH				2. USUAL RESIDEN	ICE (Where o			idence b	before e	dmission)
)		ALLEGA	ANY		MARYLAND	e. STATE MARY		b. COUN	AL	LEGA		
		b. CITY OR TOWN (if write RURAL end	outside corporete limit	s,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside cor	porete limits, write	RURAL end g	ive neer	rest tow	n)
		CUMBER			22 DAYS		CONING				10.00	201000
					pitel, give street eddress)	d. STREET ADDRESS						SIDENCE A FARM?
h			IAL HOSPITA	AL.		-11	ASTLE I					NO #
i		NAME OF DECEASED	First		Middle	Lest	4. DATE OF	Mont		Dey	Yeer	1.
d		(Type or print)	JOHI			ALSTON	DEAT	11001		9,	19	6 l
١		ALE.	WHITE	7. MARRIEI	NEVER MARKIED	12-3-1893		9. AGE (In years lest birthdey)	Months De		lours	Min.
1		-1	ON (Give kind of work				inty & State, o	1	12. CITIZE	NOFV	VHAT C	OUNTRY?
	do	RETIRED	king life, even if retire	d) KEI	ND OF BUSINESS OR INDUST TIRE CO. LY SPRINGFIEL	D LONA CON	LAIC M	ADVIAND	11	S.A.		
	13.	FATHER'S NAME		INL	LI SPRINGITLE	14. MOTHER'S MAIDEN	NAME IN	AR I CANO	0.	Jan.	•	-
		HENRY RA	ALSTON			MARGARET	BARCL	AY				
			R IN U.S. ARMED FOR yesgivewerordatesofs	ervice)	SOCIAL SECURITY NO. 17.			ICK & MET				
				1	4-07-7027	MEMORIAL HOS	PITAL 4	- COMBERI	LAND, M		VAL BET	
			WAS CAUSED BY:		ine for (e), (b), and (c).}						TAND	
			MMEDIATE CAUSE (e)	Meta	stasis carcin	oma of fiver					-	
		153	DUE TO									
		Conditions, if any,	1-7.	Carc	inoma of large	s pomeT					?	
		(e), steting the un	DITE TO									
		cause lest.	) (c)				DIAL DIFFAS	r coupiriou cu	(FALINI BADY 1	(-11.10	WAS	UTOPSY
	S S	PART II. OTHER	SIGNIFICANT CONDI	IIONS CON	TRIBUTING TO DEATH BUT N	OT KELATED TO THE TERM	INAL DISEAS	E CONDITION GI	YEN IN PART I	,	PERFC	RMED?
	[A]			001 055	CRIBE HOW INJURY OCCURE	D /F	Death as Deat	II of item 19 )		YES	S [	но 🖪
	CERTIFICATION	200. ACCIDENT WA OR CONTRIBUTING [ (IF EITHER, NOTIFY	CAUSE OF DEATH	20b. DES	CKIRE HOW INJURY OCCUR	D. (Enter neture of injury in	n rem i or ram	i or nem is.,				
	MEDICAL	20c. TIME OF INJUR	Y Month, Day, Ye	er 20d. While		ACE OF INJURY (Home, fai ctory, street, office bldg., et		ity or town)	(Count	y)		(Stete)
	MED	Hour e.m.	19	et wor	THOI WILLIAM							
		21. I certify th	at (I) (this hospi	tal) atten	ded the deceased from	7/11	161 1	8/9	, 61	., tha	t (I)	(we) last
		saw the deceasy	ad alive on	8/8	19 61, and the	at death occured at	4: MOA 170	m the causes	and on the	e date	state	d above.
		22e. SIGNATURE				ATTENDING PHYS.	MED.	STAFF			221	. DATE
		(/)	anne of	Zero	me		DIRECTOR	PHYS.				8/9/8:
		22c. PHYSICIAN'S	///			22d. ADDRESS						
		144/112 (17)07	DR SAMUE	L JACC	DBSON	50 PE		STREET,		LAN	-	
	236	REMOVAL (Specify)		1961	Oak Hill	or CREMATORY		aconing			(5	tete)
)	24	FUNERAL DIRECTOR	1		ADDRESS	25a, R		ISTRAR 256. RE				
-		GEORGE	EICHHORN	L	ONACON ING?	MD. DATEA	UG 1 4 '6	61 a	rthun S. +	trans		
	-	Adorean										

TEARLEDH TRUBBAR TENNE NOTENE NOTENE NEWSTERN 224-5-51 TALE. I CALIFFRANCE, DESIGNATION CHARGES THE STATE OF THE AND THE PROPERTY OF THE PROPER - TO JESSEN STATE , CHEEFING . NO. DR. SALLIL JACESON THESE SALES ONE TILL DECEMBER TORREST TORRESTED FOR COUNTY BATHER LONG TOTAL ON THE STATE OF THE

# FOR STATE HEALTH DEP your files. director, Page is necessary, DEPTOR MEDICAL EXPANNER: This certificate should be executed within 24 hours after death. If any delay is asset the certificate, but the word "pending" in pencil in Item 18. Give Pages 1, 2, and to the fund display the word "pending" in pencil in Item 18. Give Pages 1, 2, and to the fund display the should be forwarded to the white Medical Examiner's Office along with form PM3. Page 5 in the retained for a FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board is designated agent, prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO DEPART MEDICAL EXPAIN please en the feetificate, 4 should be forwarded to the TO FUNERAL DIRECTOR: Page

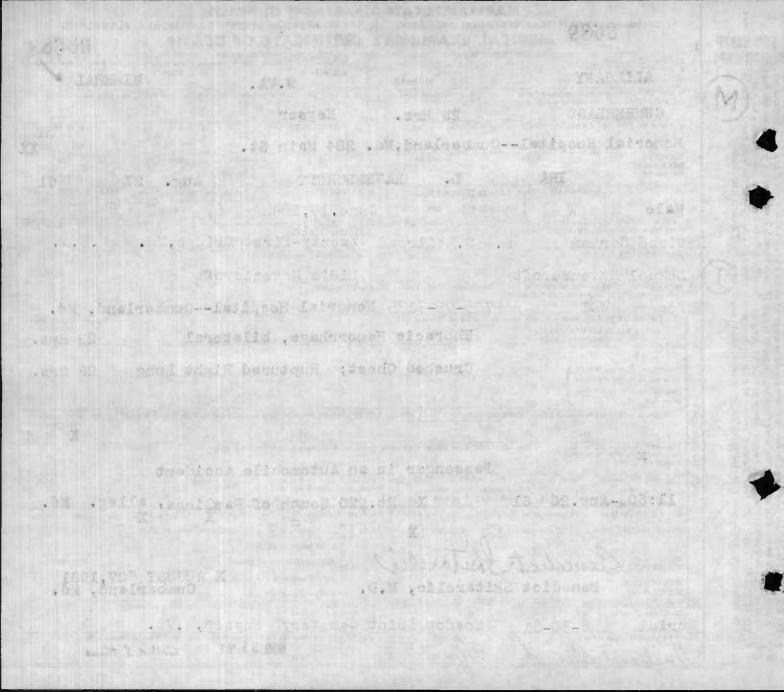
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VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of CATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 08683

		PLACE OF DEATH			2. USUAL RESIDEN	CE (Where deceased fived,	If institution: Residence bef	ore edmission)
100		ALLEGAN	V		a. STATE	b. CO	UNTY BETTATION .	1
- 1	_			MARYLAND	W.	/A .	MINERAL	
1		b. CITY OR TOWN (if outsi	de corporate fimits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (	f outside corporete limits, w	vrite RURAL end give neares	town)
1 /		write RURAL end give						
/	_	CUMBERLA		29 Hrs.	Keyser			
		d. NAME OF HOSPITAL O	R INSTITUTION (if not in I	hospital, give street address)	d. STREET ADDRESS		10.	S RESIDENCE
1								ON A FARM?
V		Memerial H	ospitalC	umberland, Md.	284 Main	St.	YES	NOT
	3.	NAME OF	First	Middle	Lest	4. DATE Mo	onth Dey	Yeer
		DECEASED				OF		1 001
		(Type or print)	IRA	L. RAVE	ENSCROFT	DEATH Aug	. 97	1961
	5.	SEX   6. C	OLOR OR RACE 7 MAP		DATE OF BIRTH	19 AGE (In year	ers   IF UNDER 1 YEAR   IF UN	IDER 24 HRS.
		and the second s	/ · ////			last birthdey		
	16	Male	WIDO	WED DIVORCED J.	une.19,189	LL 67 yrs.		rs /vin.
	10e	. USUAL OCCUPATION (C	Sive kind of work   10b.	. KIND OF BUSINESS OR INDUSTR			12. CITIZEN OF WH	AT COUNTRY
	do	ne during most of working f	ife, even if retired)		IMcCoole			AI COUNIKIT
- 1	Re	tired Carms	an B.	& O.Railroad	Twenty-fi	rst Bridge	.Md. U.S.	A .
1		FATHER'S NAME	220	0 0 110 222 0 44	14. MOTHER'S MAIDEN		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
					THE MOTTER S MAIDER	NAME .		
		Samuel Rave	enscroft		Lidia Rav	enscroft.		
· /	15.	WAS DECEASED EVER IN		6. SOCIAL SECURITY NO.   17. I		Addr	MAR	
-1		s, no, or unkown)   (Ifyesgi				Addi	933	
- 1	1	Yes WW		705-09-7135 N	femorial Ho	anitel Cm	mberland, M	ra.
			Enter only one cause ne	er line for (e), (b), end (c).]	.O.MOZ ZAZ III	Sproat-ou		BETWEEN
-1		PART I. DEATH WAS						ND DEATH
			NATE CAUSE (e)	Thoracic He	morrhage.	bilateral		Hrs.
		3/1 - 2						111 0 1
- 1		4 670	DUE TO					
- 1		Conditions, if eny, whl	ch ) (b)	Crushed Che	st: Ruptu	red Right	Lung 29	Hrs.
_		geve rise to immediate car						
- 1			150				Times No	nrs.
		(e), stating the underly!	DUIT TO				1448	nrs.
			DUIT TO				2 3448	nrs.
2	z	(e), steting the underly! cause lest.	DUE TO	ONTRIBUTING TO DEATH BUT NO				
The !	NOI	(e), steting the underly! cause lest.	DUE TO	ONTRIBUTING TO DEATH BUT NO			GIVEN IN PART 1(e)   19. WA	
The state of the s	CATION	(e), steting the underly! cause lest.	DUE TO	ONTRIBUTING TO DEATH BUT NO			GIVEN IN PART 1(a) 19. W	AS AUTOPSY ERFORMED?
	IFICATION	(e), steting the underlyl course lest.  PART II. OTHER SIGNI	DUE TO (c)		T RELATED TO THE TERMIN	IAL DISEASE CONDITION C	GIVEN IN PART 1(e)   19. WA	AS AUTOPSY ERFORMED?
~	ERTIFICATION	PART II. OTHER SIGNI	DUE TO (c)  FICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	IAL DISEASE CONDITION C	GIVEN IN PART 1(a) 19. W	AS AUTOPSY ERFORMED?
~	CERTIFICATION	(e), steting the underly! cause lest.  PART II. OTHER SIGN!  20e. EXTERNAL CAUSE V	DUE TO (c)  FICANT CONDITIONS CO	CRIBE HOW INJURY OCCURED. (E	T RELATED TO THE TERMIN	f or Part II of Item 18.)	GIVEN IN PART 1(a) 19. WAR	AS AUTOPSY ERFORMED?
~	_	PART II. OTHER SIGNI	DUE TO (c)  FICANT CONDITIONS CO  AS  JTING   20b. DESC	cribe How INJURY OCCURED. (E	T RELATED TO THE TERMIN	for Part II of Item 18.)	GIVEN IN PART 1(e) 19. WAR	AS AUTOPSY REFORMED? NO
_	_	PART II. OTHER SIGNI  20e. EXTERNAL CAUSE V PRIMARY OF CONTRIBIT CAUSE OF DEATH.  20c. TIME OF INJURY	DUE TO (c)  FICANT CONDITIONS CO  VAS  JTING   Month, Dey, Yeer   2Do	CRIBE HOW INJURY OCCURED. (E  Passenger in d. INJURY OCCURED (220. PLA	T RELATED TO THE TERMIN	f or Part II of Item 18.)  11e Accide  120f. (Gity or lown)	GIVEN IN PART 1(a) 19. WAR	AS AUTOPSY ERFORMED?
/	MEDICAL CERTIFICATION	PART II. OTHER SIGNI  20e. EXTERNAL CAUSE V PRIMARY or CONTRIBUTE CAUSE OF DEATH.  20c. TIME OF INJURY Hour e.m.	DUE TO (c)  IFICANT CONDITIONS CO  VAS  JTING   Month, Dey, Yeer   2Do Wh	Passenger in d. INJURY OCCURED. (E	T RELATED TO THE TERMIN Inter neture of Injury In Peri 2n Altomob CE OF INJURY (Home, farm pary, street, office bldg., etc.	f or Part II of Item 18.)  11e Accide. 20f. (City or town)	GIVEN IN PART 1(e) 19. WARP PART 1(e) YES TO THE COUNTY)	AS AUTOPSY ERFORMED? NO (State)
/	_	PART II. OTHER SIGNI  20a. EXTERNAL CAUSE V PRIMARY OF CONTRIBUTE CAUSE OF DEATH.  20c. TIME OF INJURY Hour e.m.	DUE TO (c)  FICANT CONDITIONS CO  VAS JTING   Month, Dey, Yeer   Wh  2.26 19 61 et w	CRIBE HOW INJURY OCCURED, (E  Passenger in d. INJURY OCCURRED hile Not While vork of work Rt	T RELATED TO THE TERMIN Inter neture of Injury In Per An Automob CE OF INJURY (Home, form 177, street, office bidg., etc.	f or Part II of Item 18.)  11e Accide. 20f. (City or town)	SIVEN IN PART 1(e) 19. W. P. P. YES 1	AS AUTOPSY REFORMED? NO (Stete)
1	_	PART II. OTHER SIGNI  20a. EXTERNAL CAUSE V PRIMARY OF CONTRIBUTE CAUSE OF DEATH.  20c. TIME OF INJURY Hour e.m.	DUE TO (c)  FICANT CONDITIONS CO  VAS JTING   Month, Dey, Yeer  206, Wh  2.26 19 61 et w	Passenger in d. INJURY OCCURED. (E	T RELATED TO THE TERMIN Inter neture of Injury In Per An Automob CE OF INJURY (Home, form 177, street, office bidg., etc.	f or Part II of Item 18.)  11e Accide. 20f. (City or town)	SIVEN IN PART 1(e) 19. W. P. P. YES 1	AS AUTOPSY ERFORMED? NO (State)
/	_	PART II. OTHER SIGNI  20a. EXTERNAL CAUSE V PRIMARY OF CONTRIBUTE CAUSE OF DEATH.  20c. TIME OF INJURY Hour e.m.	DUE TO (c)  FICANT CONDITIONS CO  VAS JTING   Month, Dey, Yeer  206, Wh  2.26 19 61 et w	CRIBE HOW INJURY OCCURED, (E  Passenger in d. INJURY OCCURRED hile Not While vork of work Rt	T RELATED TO THE TERMIN nter neture of Injury In Per an Automob CE OF INJURY (Home, farm pry, street, office bidg., etc. 220 South d an Autopsy X,	f or Part II of Item 18.)  11e Accide. 20f. (City or town)	nt (County)  Alleguiry X, and in m	AS AUTOPSY REFORMED? NO (Stete)
1	_	20e. EXTERNAL CAUSE V PRIMARY TO or CONTRIBUTE CAUSE OF DEATH.  20c. TIME OF INJURY Hour e.m.  21. I certify that I to	DUE TO (c)  IFICANT CONDITIONS CO  AS UTING   Month, Dey, Yeer   20b. DESC Wh  20b. descent   20c. descent   20	Passenger in d. INJURY OCCURED. (E  Passenger in d. INJURY OCCURED vork of work et wor	T RELATED TO THE TERMIN nter neture of Injury In Period  An Automob  CE OF INJURY (Home, ferming, street, office bidg., etc.  220 South  d an Autopsy X,  de, Homicide	f or Part II of Item 18.)  11e Accide  20f. (City or lown)  1 Rewling  Inspection Inqu.	nt (County)  Alleguiry X, and in m	AS AUTOPSY REFORMED? NO (Stete)
1	_	20e. EXTERNAL CAUSE V PRIMARY OF CONTRIBUCAUSE OF DEATH.  20c. TIME OF INJURY Hour e.m. 21. I certify that I the death resulted from:	DUE TO (c)  IFICANT CONDITIONS CO  AS UTING   Month, Dey, Yeer   20b. DESC Wh  20b. descent   20c. descent   20	Passenger in d. INJURY OCCURED. (E  Passenger in d. INJURY OCCURED vork of work et wor	T RELATED TO THE TERMIN nter neture of Injury In Per an Automob CE OF INJURY (Home, farm pry, street, office bidg., etc. 220 South d an Autopsy X,	f or Part II of Item 18.)  11e Accide  20f. (City or lown)  1 Rewling  Inspection Inqu.	nt (County)  Alleguiry X, and in m	AS AUTOPSY REFORMED? NO (Stete)
1	_	20e. EXTERNAL CAUSE V PRIMARY OF CONTRIBUCAUSE OF DEATH.  20c. TIME OF INJURY Hour e.m.  21. I certify that I the death resulted from:	DUE TO (c)  IFICANT CONDITIONS CO  AS UTING   Month, Dey, Yeer   20b. DESC Wh  20b. descent   20c. descent   20	Passenger in d. INJURY OCCURED. (E  Passenger in d. INJURY OCCURED vork of work et wor	T RELATED TO THE TERMIN  The nature of Injury In Period  Automob  CE OF INJURY (Home, farm pry, street, office bidg., etc.  220 South d an Autopsy X, de, Homicide  CHIEF MEDICAL E	f or Part II of Item 18.)  1	County)  Allegeuiry X: and in m	AS AUTOPSY REFORMED? NO (Stete)
/	_	20e. EXTERNAL CAUSE V PRIMARY OF CONTRIBUCAUSE OF DEATH.  20c. TIME OF INJURY Hour e.m. 21. I certify that I the death resulted from:	DUE TO (c)  IFICANT CONDITIONS CO  AS UTING   Month, Dey, Yeer   20b. DESC Wh  20b. descent   20c. descent   20	Passenger in d. INJURY OCCURED. (E  Passenger in d. INJURY OCCURED vork of work et wor	T RELATED TO THE TERMIN  The nature of Injury In Period  Automob  CE OF INJURY (Home, farm pry, street, office bilg., etc.  220 South d an Autopsy X, de, Homicide  CHIEF MEDICAL E  M.D. ASSISTANT MEDI	f or Part II of Item 18.)  1	nt (County)  Allege uiry X and in m manner	AS AUTOPSY ERFORMED? NO (Stete) Md y opinion
1	_	PART II. OTHER SIGNI  20e. EXTERNAL CAUSE V PRIMARY TO CONTRIBUTE CAUSE OF DEATH.  20c. TIME OF INJURY Hour e.m. 11:50 — Au 21. I certify that I the death resulted from:  ACTUAL SIGNATURE	DUE TO (c)   FICANT CONDITIONS CO	Passenger in d. INJURY OCCURED. (E  Passenger in d. INJURY OCCURED PLA fact vork et work Rt emains described above, he Accident Suici	T RELATED TO THE TERMIN  The neture of Injury In Period  Automob  CE OF INJURY (Home, farm  Arry, street, office bidg., etc.  220 South  d an Autopsy X,  de, Homicide  CHIEF MEDICAL E  M.D. ASSISTANT MEDICAL  DEPUTY MEDICAL	f or Part II of Item 18.)  110 Accide.  20f. (City or town)  1 Inquir.  Undetermined  XAMINER CALEXAMINER  EXAMINER AUG-	nt (County)  Allegering and in meanner DATE  UST 11:27,196	AS AUTOPSY ERFORMED? NO (Stete)  Md. y opinion
1	_	PART II. OTHER SIGNI  20e. EXTERNAL CAUSE V PRIMARY TO CONTRIBUTE CAUSE OF DEATH.  20c. TIME OF INJURY Hour e.m. 11:50 — Au 21. I certify that I the death resulted from:  ACTUAL SIGNATURE	DUE TO (c)  IFICANT CONDITIONS CO  AS UTING   Month, Dey, Yeer   20b. DESC Wh  20b. descent   20c. descent   20	Passenger in d. INJURY OCCURED. (E  Passenger in d. INJURY OCCURED PLA fact vork et work Rt emains described above, he Accident Suici	T RELATED TO THE TERMIN  Inter neture of Injury In Period  CE OF INJURY (Home, farm  DEPUTY MEDICAL E  TRELATED TO THE TERMIN  ON THE TERMIN	f or Part II of Item 18.)  11e Accide.  120f. (City or town)  1 Inspection X Inqu.  1 Undetermined  XAMINER CAL EXAMINER AUG.	nt (County)  Allege uiry X and in m manner	AS AUTOPSY ERFORMED? NO (Stete)  Md. y opinion
1	MEDICAL	20e. EXTERNAL CAUSE V PRIMARY TO OF CONTRIBUCAUSE OF DEATH.  20c. TIME OF INJURY 11:50 - Aug. 21. I certify that I the death resulted from:  ACTUAL SIGNATURE  EXAMINER'S NAME (Type)  BOTHER SIGNATURE  EXAMINER'S NAME (Type)	DUE TO (c)   FICANT CONDITIONS CO	Passenger in d. INJURY OCCURED. (E  Passenger in d. INJURY OCCURED PLA fact vork et work Rt emains described above, he Accident Suici	T RELATED TO THE TERMIN  AN AUTOMO  CE OF INJURY (Home, farm pry, street, office bilg., etc.  220 South d an Autopsy X, de, Homicide CHIEF MEDICAL E  M.D. ASSISTANT MEDI DEPUTY MEDICAL Address (Street, c	f or Part II of Item 18.)  1	nt (County)  Allegarity X. and in manner DATE  UST 1127, 196 mberland, M	AS AUTOPSY REFORMED? NO (Stete)  Md. y opinion  SIGNED
1	MEDICAL	20e. EXTERNAL CAUSE V PRIMARY TO OF CONTRIBUCAUSE OF DEATH.  20c. TIME OF INJURY 11:50 - Aug. 21. I certify that I the death resulted from:  ACTUAL SIGNATURE  EXAMINER'S NAME (Type)  BOTHER SIGNATURE  EXAMINER'S NAME (Type)	JEICANT CONDITIONS CO.  JAS JTING 20b. DESC.  Month, Dey, Yeer 20b.  Whook charge of the re Natural causes 20b.  Natural causes 20b.  Month, Dey, Yeer 20b.  Mon	Passenger in d. INJURY OCCURED. (E  Passenger in d. INJURY OCCURED PLA fact evork et work emains described above, he Accident Suici citarelic, M.D.  22c. NAME OF CEMETERY OR	T RELATED TO THE TERMIN  Inter neture of Injury In Per  AN ANTOMO  CE OF INJURY (Home, ferm  pry, street, office bidg., etc.  20 South  d an Autopsy X,  de, Homicide  CHIEF MEDICAL E  M.D. ASSISTANT MEDI  DEPUTY MEDICAL  Address (Street, c  CREMATORY	f or Part II of Item 18.)  11e Accide.  120f. (City or town)  1 Inspection X Inqu.  1 Undetermined  XAMINER CAL EXAMINER AUG.	nt (County)  Allegarity X. and in manner DATE  UST 1127, 196 mberland, M	AS AUTOPSY ERFORMED? NO (Stete)  Md. y opinion
1	MEDICAL	20e. EXTERNAL CAUSE VERIFICATION.  20e. EXTERNAL CAUSE VERIFICATION.  20e. EXTERNAL CAUSE VERIFICATION.  20e. TIME OF INJURY  11:50 — Au  21. I certify that I the death resulted from:  ACTUAL SIGNATURE  EXAMINER'S NAME (Type)  BURIAL, CREMATION, 22  REMOVAL (Specify)	DUE TO (c)   FICANT CONDITIONS CO	Passenger in d. INJURY OCCURED. (E  Passenger in d. INJURY OCCURED PLA fact evork et work emains described above, he Accident Suici citarelic, M.D.  22c. NAME OF CEMETERY OR	T RELATED TO THE TERMIN  Inter neture of Injury In Per  AN ANTOMO  CE OF INJURY (Home, ferm  pry, street, office bidg., etc.  20 South  d an Autopsy X,  de, Homicide  CHIEF MEDICAL E  M.D. ASSISTANT MEDI  DEPUTY MEDICAL  Address (Street, c  CREMATORY	f or Part II of Item 18.)  1	nt (County)  Alleguiry X and in m manner DATE  UST 11:27, 196 mberland, M	AS AUTOPSY REFORMED? NO (Stete)  Md. y opinion  SIGNED
1	WEDICAL B	20e. EXTERNAL CAUSE VERIFICATION.  20e. EXTERNAL CAUSE VERIFICATION.  20e. EXTERNAL CAUSE VERIFICATION.  20e. TIME OF INJURY  11:50 — Au  21. I certify that I the death resulted from:  ACTUAL SIGNATURE  EXAMINER'S NAME (Type)  BURIAL, CREMATION, 22  REMOVAL (Specify)	JEICANT CONDITIONS CO.  JAS JTING 20b. DESC.  Month, Dey, Yeer 20b.  Whook charge of the re Natural causes 20b.  Natural causes 20b.  Month, Dey, Yeer 20b.  Mon	Passenger in d. INJURY OCCURED. (E  Passenger in d. INJURY OCCURED 200. PLA hile work of work Rt. emains described above, he Accident Suici	T RELATED TO THE TERMIN  The neture of Injury In Per  AN AUTOMO  CE OF INJURY (Home, farm  pry, street, office bidg., etc.  220 South  d an Autopsy X,  de, Homicide  CHIEF MEDICAL E  M.D. ASSISTANT MEDI  DEPUTY MEDICAL  Address (Street, c  CREMATORY  COMMETTER  TO THE TERMIN	f or Part II of Item 18.)  110 Accide  20f. (City or town)  110 Inquiries  110 Accide  120f. (City or town)  110 Inquiries  11	nt (County)  Alleguiry X and in m manner DATE  UST 1127, 196 mberland, M wn, or country)  Va.	AS AUTOPSY REFORMED? NO (Stete)  Md. y opinion  SIGNED
1	WEDICAL B	20e. EXTERNAL CAUSE V PRIMARY OF CONTRIBUCAUSE OF DEATH.  20c. TIME OF INJURY Hour e.m.  21. I certify that I the death resulted from:  ACTUAL SIGNATURE  EXAMINER'S NAME (Type)  BURIAL, CREMATION, 22  REMOVAL (Specify)  UP181	DUE TO (c)   FICANT CONDITIONS CO	Passenger in d. INJURY OCCURED. (E  Passenger in d. INJURY OCCURED PLA bille of work Rt. emains described above, he Accident Suici  Citarelic, M.D.  22c. NAME OF CEMETERY OR Meadow Point ADDRESS	T RELATED TO THE TERMIN  AN AUTOMO  CE OF INJURY (Home, ferm ory, street, office bidg., etc.  220 South de, Homicide CHIEF MEDICAL E  M.D. ASSISTANT MEDI DEPUTY MEDICAL Address (Street, c  CREMATORY  7 Cemetery  24e. REC	f or Part II of Item 18.)  1	County)  Allege uiry X and in m manner   DATE  UST 1127, 196 mberland, M wn, or country)  Va.  EGISTRAR'S SIGNATURE	AS AUTOPSY REFORMED? NO (Stete)  Md. y opinion  SIGNED
1	WEDICAL B	20e. EXTERNAL CAUSE V PRIMARY OF CONTRIBUCAUSE OF DEATH.  20c. TIME OF INJURY Hour e.m.  21. I certify that I the death resulted from:  ACTUAL SIGNATURE  EXAMINER'S NAME (Type)  BURIAL, CREMATION, 22  REMOVAL (Specify)  UP181	DUE TO (c)   FICANT CONDITIONS CO	Passenger in d. INJURY OCCURED. (E  Passenger in d. INJURY OCCURED PLA fact vork et work Rt. emains described above, he Accident Suici citarelic, M.D.  22c. NAME OF CEMETERY OR Meadow Point	T RELATED TO THE TERMIN  AN AUTOMO  CE OF INJURY (Home, ferm ory, street, office bidg., etc.  220 South de, Homicide CHIEF MEDICAL E  M.D. ASSISTANT MEDI DEPUTY MEDICAL Address (Street, c  CREMATORY  7 Cemetery  24e. REC	f or Part II of Item 18.)  1	nt (County)  Alleguiry X and in m manner DATE  UST 1127, 196 mberland, M wn, or country)  Va.	AS AUTOPSY REFORMED? NO (Stete)  Md. y opinion  SIGNED



The law requires that the death certificate be executed within 24 hours after in by the funeral ges 1 and 2 should hours after death. mpletely This certificate has been signed by the attending physician and of for use as the burial-transit permit. Then please remove carallh prior to burial, cremation, or removal, and in any event, w the hospital or attending physician. PHYSICIAN: I. OR ATTENDING F may be retained by the C DIRECTOR: A may a 3 should be defactived TO HOSPITAL, OR ATTENDING death. Part may be retained death. Part DIRECTOR: A director, page 3 should be defact.

Example be filed with the State Dept. of He VR A15 (4)

15M 9/60

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

(18684)

1. PLACE OF	DEATH			2. USUAL RESIDEN		institution: Rasidanca bafore admissi
e. COUNTY	LEGANY		MARYLAND	MARYLA	ND ALI	LEGA NY
b. CITY OR	TOWN (if outside corp	orate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate limits, write	RURAL and giva neerest town)
CUM	BERLAND, MD	lown)	21 DAYS	O2 CLIMBERI	LAND, MD.	
d. NAME			pital, give street address)	d. STREET ADDRESS	LA NO , NO ,	a. IS RESIDEN
ME	MORIAL EVA	ARWICK AVE	•		RYLAND AVE.	ON A FARA
3. NAME OF DECEASE	DE	First	Middle	Last	4. DATE Month	Dey Yeer
(Typa or prin		ZON	ALONZO	RUCKMAN	DEATH AUGUS	7 3 1961
5. SEX	6. COLOR (	OR RACE 7. MARRIE	D NEVER MARRIED   8	. DATE OF BIRTH	9. AGE (In years lest birthdey)	IF UNDER 1 TEAR IF UNDER 24 HR
MALE	WHIT	E WIDOWE	D DIVORCED	5-10-1883	78 yrs.	Months Days Hours Min
10e. USUAL O	CCUPATION (Give kin	d of work 10b. K	IND OF BUSINESS OR INDUST	Y 11. BIRTHPLACE (Cour	nty & State, or foreign country)	12. CITIZEN OF WHAT COUNT
Retire	d carpent	ar	onstruction	W.VA.		U.S.A.
13. FATHER'S	NAME			14. MOTHER'S MAIDEN	NAME	
	THOMAS LE	E RUCKMAN		ZETEMA HA	LINES	
	ASED EVER IN U.S. AR	MED FORCES?   16.	SOCIAL SECURITY NO. 17.	INFORMANT	Address	
No No	own) (Ifyesgivawaro		71-10-9246	Mrs. Reazo	THAL STORY	umberland, Md.
18. CAUS	E OF DEATH (Enter		ine for (e), (b), and (c).]	MIS	n Ruckman 7	02 Maryland A
PART	I. DEATH WAS CAUS	ED BY:	Vacateries?	Manuel	asi,	ONSET AND DEATH
1 1 4 0	IMMEDIATE C	DUE TO		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Conditions	if eny, which		ASCVD			
	immediete ceuse	(b)	1200			7
	the underlying	DUE TO				AND PERCHA
ceuse last.		(c)	,			
PARTI	I. OTHER SIGNIFICAN	CONDITIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	INAL DISEASE CONDITION GIV	'EN IN PART 1(a) 19. WAS AUTOPS PERFORMED
3	Congre	levy Ke	art Tail	ul		YES NO
OR CONTR	DENT WAS UNJERLYII IBUTING   CAUSE OF NOTIFY MEDICAL EX	DEATH	CRIBE HOW INJURY OCCURED	. (Enter neture of injury in	Pert I or Pert II of item 18.)	
3 20c. TIME	OF INJURY Month,	Day, Yeer   20d.		CE OF INJURY (Home, fer		(County) (State)
20c. TIME	r a.m.	While 19 at wor	1401 1111110	tory, streat, office bldg., etc	ALIC	
	p.m.	17		1.13	10/6/ in Daniel	3 10/4/ 11 1/4/ ()
			ded the deceased from.			and on the date stated abo
	deceased alive o	n		peath occured at	2.p!/W/ wome the galaxes	and on the date stated abo
22e. SIGN	ALL THE	M-KN	. /.		MED. STAFF	CA SIGI
22c. PHYS	Walks	11 years	mu »	D. PHYS.	DIRECTOR PHYS.	8/3/61
	E (Type) DR.	WALTER N.	MIMMLER	1	H MECHANIC ST.	, CUMBERLAND, MD
23a. BURIAL, O	CREMATION, 23b. D.	ATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, to	wn or county) (Stata)
Buri	al 8/6	/61	Greenmount	Cemetery	Cumberland	, Md.
24 FUNERAL D	RECTOR'S SIGNATUR	E	ADDRESS		C'D BY REGISTRAR 256. REG	GISTRAR'S SIGNATURE
H. Wa	yne Georg	e, Cuml	perland, Md.	DATE	AUG 8 '61	0 1 0 11
-					AUG 8 '61	arthur S. Huma

4202n - 6638 - YIMABBATA CUMBERLEND, NO. ST BAYS TOWER BLAND IN . IVA BUALVEAU SOT 7831-01-7 Terror of the second se THOMAS LEE PURINKALL LANGE THOMAS DATE OF THE CO. of the state of the said of the The Che. constitution of the stand In this is a few or OR. WEITER W. HINGER ... THE DESTROYMETERSTONES T., COMMERCAND, AD . Did . Distanting Cresomes Sharamasor 10/3/8 Istant ba Countiedance . soros suyot ...

## FOR STATE HEALTH DEPT

TO DEPU MEDICAL EXAMENER: This certificate should be executed within '24 hours after devit. If any consists necessary, please execute the certificate, and the word "pending" in pencil in Item 18. Give Pages 1, 2, and 2 the fune, director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 m, we retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 9/60

#### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH e. COUNTY  AIJEGANY  MARYLAND b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)  c. LENGTH OF STAY IN 1b	e. STATE MAR	YTAND	nstitution: Residence before edmission TY AILEGANY				
b. CITY OR TOWN (if outside corporete limits,   c. LENGTH OF STAY IN 1b	MAR						
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)							
Write KUKAL and give nearest town)	c. CITT OK TOWN	(If outside corporete limits, write					
OUNTEDT AND	177.7.1	ODOT TO					
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	ERSLIE	e. IS RESIDENCE				
di AAAA O. 1100 1174 OK MOITTOTTOT (II NOI III NOSPIIRI, GIVE SIIREI EUUIESS)	d. Sikiel ADDRES.		ON A FARM?				
SACRED HEART			YES NOCK				
3. NAME OF First Middle DECEASED	Last	4. DATE Month	Dey Yeer				
(Type or print) ROY FMORY	SHAFFER	DERTH	GUST 5. 19 61				
	. DATE OF BIRTH	9. AGE (In yeers	don't				
		last birthday)	Months Deys Hours Min.				
MALE WHITE WIDOWED DIVORCED	\$ 4-12-36	1 25 yrs.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (Stet	e or foreign country)	12. CITIZEN OF WHAT COUNTRY				
Bartender	MARYTAI	OTA	U.S.A.				
13. FATHER'S NAME	14. MOTHER'S MAIDEN	NAME	U.D.R.				
November 1 - Charles							
Nevin Araig Shaffer  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. I	Flossie	Smith					
(Yes, no, or unkown)   (Ifyesgive werordetesofservice)	NFORMANI	Address					
Yes 1954-57 219-34-6040	CH_ART						
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]			INTERVAL BETWEEN				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) INTRACRANTAL HEMO	RRHAGE		ONSET AND DEATH 40 Min.				
V15V DUE TO							
Conditions, if eny, which \ (b) SKULL FRACTURE	40 Min.						
geve rise to immediate cause			40 111116				
(e), stelling the underlying DUE TO							
cause lest. (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE CONDITION GIVE	EN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?				
<b> </b>			YES X NO				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  208. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING  CAUSE OF DEATH.	nter neture of injury in Pe	ert I or Pert II of item 18.)					
PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH.							
Anthonologica Annid	ent	1.00/ 10%					
White New Yests of feet	CE OF INJURY (Home, far ory, street, office bldg., et	c.)	(County) (State)				
1.15 -Aug. 5 1961 et work et work Rout	e 96 near	Springtown. B	Bedford, = Pa.				
21. I certify that I took charge of the remains described above, he	ld an Autopsy .	Inspection , Inquiry	and in my opinion				
death resulted from: Natural causes , Accident y, Suici			Agreed				
dealit resulted from: Maidral causes	_						
13 , 4 10 1 1 1 1	CHIEF MEDICAL	EXAMINER [					
SIGNATURE Designat Skitarelie	M.D. ASSISTANT ME	DICAL EXAMINER	DATE SIGNED				
EXAMINER'S	DEPUTY MEDICA	AL EXAMINER	ugust 5, 1961				
NAME (Type) Benedict Skitarelic, M.D.	Address (Street.		. , .				
22a, BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY	city, town, or county)  22d. LOCATION (City, lown,	or country) , Mid (State)				
Burial Aug.8,1961 Porter Ceme	tery	Hyndman, Pa					
23. FUNERAL DIRECTOR / ADDRESS		C'D BY REGISTRAR   24b. REGIS					
AS. MINISTON A MANUESS							
Newwer W. Leegle Hyndman, Pa	• DATE	3 8 '61 Quit	wy & Krassa				

Yes 1854-57 F18-34-1040 H H The wide to the test of Andel Aug. 3, 1901 Porter Caustery Present 1901, 8.30A Labura Market of the state of the stat

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VR A15 (4) 15M 9/60

of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 8692 CERTIFICATE OF DEATH

	a. COUNTY Allegany Maryland	a. STATE Md. b. COUNTY Allegany						
	b. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town)  Rural-Westernport	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)  Rural-Westernport						
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  1 Mi. N. Westernport	d. STREET ADDRESS 1 Mi. N. Westernport  on a farm? YES \( \sum no \( \text{NC} \)						
	3. NAME OF First Middle DECEASED (Typa or print) Elmer Bernie Sh	neffler death Aug. 13 Pey Year 61						
		Peb. 24, 1888  9. AGE (In years left UNDER 1 YEAR   IF UNDER 24 HRS. Months Days Hours Min.						
1	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ware houseman  10b. KIND OF BUSINESS OR INDUSTR Dept. Store	11. BIRTHPLACE (County & Stete, or foreign country) Virginia U.S.A.						
1	13. FATHER'S NAME Bernie Sheffler	14. MOTHER'S MAIDEN NAME ENILY E. HOCKMAN						
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 18 (Yes, no, or unkown) (Ifyosgive vecardetesofservice) 335-10-2220 Mg	NFORMANT rs. Anna Sheffler-Westernport, Md.						
	IB. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end, (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  DUE TO  Conditions, if eny, which gave rise to Immediate cause (e), stating the underlying ceuse lest.  (c)	Interval Between ONSET AND DEATH 30mins						
	CATIO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO . (Enter nature of injury in Part I or Part II of item 1B.)						
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED And the street of the street							
	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on	death occured at 3.32M, from the causes and on the date stated above.						
1	22c. PHYSICIAN'S NAME (Type)William W. Lesh	ATTENDING MED. PHYS. DATE SIGNED PHYS. DATE SIGNED 22b. DATE SIGNED 22d. ADDRESS Westernport, Md.						
2	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY BURIAL (Specify) 8/16/61 Philos	OR CREMATORY 23d. LOCATION (City, fown or county) (State)  Westernport Md.						
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Westernport, Md.	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE  DATE AUG 1 7 '61  ATLAN 2. Kraus.						

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Path II, Destantion

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Emily E Heckeran

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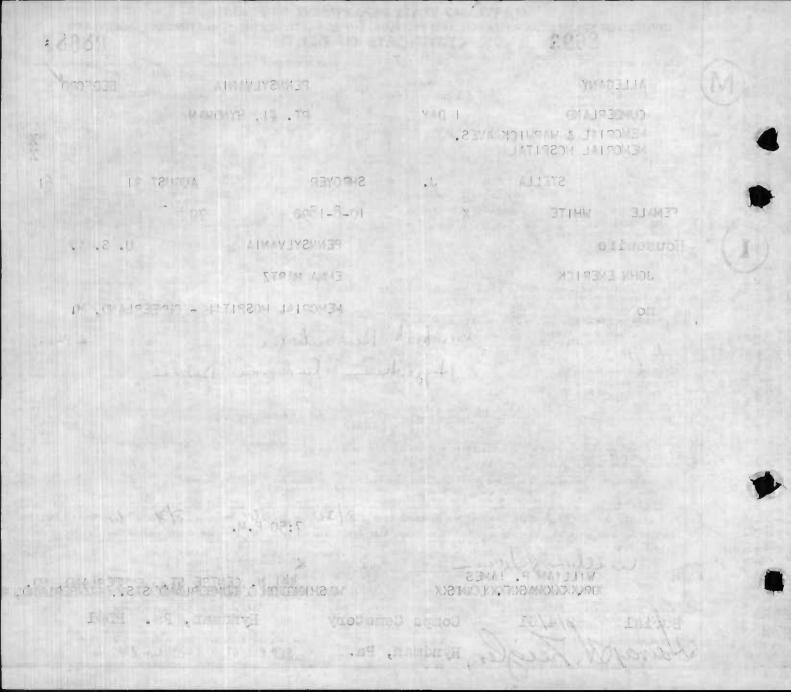
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death. Plant may be retained by the hospital or attending physician.

\$ > TO FUNE & DIRECTOR: A wis certificate has been signed by the attending physician and employee in by the funeral director, page 3 should be detailed on the burial-transit permit. Then plays remove can papers. Reges 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in the state Dept. of Health prior to burial, cremation, or removal, and in the state Dept. of Health prior to burial, cremation, or removal, and in the state Dept. of Health prior to burial, cremation, or removal, and in the state Dept. of Health prior to burial, cremation, or removal, and in the state Dept. of Health prior to burial, cremation, or removal, and in the state Dept.

MARYLAND STATE DEPARTMENT OF HEALTH

	MAKILAND 3	IMIL MELL	- WILLIAME	141 01 1	ILALIII		
DIVISION OF STATISTICAL	RESEARCH AND	RECORDS, 3	01 W. PI	RESTON S	TREET, BA	LTIMORE 1,	MARYLAND
8693	CERT	IFICATE	OF DE	HTA			0868

1.	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceesed lived, If i						
1	ALLEGANY	MARYLAND	a. STATE 6. COUN						
1-	b. CITY OR TOWN (if outside corporete limits.	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write	RURAL end give nearest town)					
	write RURAL end give nearest town) CUMBER LA ND	I DAY							
1-			d. STREET ADDRESS	75X-3					
	d. NAME MEMORILAR INSTITUTION TO	VES. street eddress)	d. STREET ADDRESS	ON A FARM?					
	MEMORIAL HOSPITAL		the state of the s	YES NO					
3	NAME OF First DECEASED	Middle	Lest 4. DATE Month	Dey Yeer					
	(Type or print) STELLA	J.	SHROYER DEATH AUGUS	ST 31 19 61					
5	. SEX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED 8.	DATE OF 8IRTH 9. AGE (In yeers lest birthdey)	IF UNDER 1 YEAR   IF UNDER 24 HRS.					
	FEMALE WHITE WIDOW	ED X DIVORCED	10-8-1890 70 yrs.	Months Deys Hours Min.					
1	De. USUAL OCCUPATION (Give kind of work   10b.	KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?					
1	one during most of working life, even if retired)		11 6 4						
1	Housewife		PENNSYLVANIA  14. MOTHER'S MAIDEN NAME	U. S. A.					
	JOHN EMERICK		EMMA MARTZ						
	. WAS DECEASED EVER IN U.S. ARMED FORCES?   16	SOCIAL SECURITY NO.   17. II	NFORMANT Address						
(	(es, no, or unkown) (Ifyesgivewarordatesofservice)		MEMORIAL HOSPITAL - CUM	ABERTAND AD					
-	18. CAUSE OF DEATH [Enter only one cause per	fine for (a) (b) and (c) I	MEMORIAL HUSPITAL - CUM	INTERVAL SETWEEN					
	PART I. DEATH WAS CAUSED BY:	()		ONSET AND DEATH					
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)  LEWENTEL Security Securit								
	Conditions, if eny, which (b)	Conditions, if ony, which (b) Ingerturing and Ducen							
	geve rise to immediate cause (a), stating the underlying DUE TO	gord that to minimodale cause							
	ceuse lest. (c)								
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY								
E				PERFORMED?					
FI	20e. ACCIDENT WAS UNDERLYING TO 20b. DI	SCRIBE HOW INJURY OCCURED.	(Enter neture of injury in Pert I or Pert II of item 18.)						
CERTIFICATION									
14	20c. TIME OF INJURY Month, Dey, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)								
20c. TIME OF INJURY Month, Dey, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, factory, street, office bldg., etc.)  While Not While et work et work									
1	p.m. 17								
	21. I certify that (I) (this hospital) attended the deceased from \$1.3.0								
1			death occured ar						
	22e. SIGNATURE		ATTENDING MED STAFF	22b. DATE SIGNED					
	Welling 6 Love	M.							
	22c. PHYSICIAN'S WILLIAM P. IA	MES	22d. ADDRES 441 N. CENTRE ST.	. CUMBERLAND. MD.					
	XURY X XX	XXXXXXXX	WAXSHUNGUION &CCIUMBERLAND	C STSCCT (TUMBERLAND)					
2	BURIAL, CREMATION, 236. DATE THEREOF	Comps Ceme							
-	Burlat 9/4/61								
2	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D BY REGISTRAR 25b. REC						
1	courage W. relate	Hyndman, P	a. DASEP 6 '61 Card	hun S. Frank					
-									



LOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after any be retained by the hospital or attending physician.

DIRECTOR: A his certificate has been signed by the attending physician and empletely in by the funeral 3 should be detained for use as the burial-transit permit. Then please remove can papers. Seges 1 and 2 should the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. \* the hospital or attending physician.

\*\*fis certificate has been signed by the attending physician and affort use as the burial-transit permit. Then please remove calculate prior to burial, cremation, or removal, and in any event, where the prior to burial, cremation, or removal, and in any event, where the prior to burial, cremation, or removal, and in any event, where the prior to burial, cremation, or removal, and in any event, where the prior to burial, cremation, or removal, and in any event. 

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

()8688

	, - 5 - 6
I. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmiss
ALLEGANY MARYLAND	MARYLAND ALLEGANY
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b write RURAL end give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerast town)
	OLDTOWN MARYLAND
d. NAME SYMBERS LONDS STUMER XI LO INCOspital, give sales PARKS	d. STREET ADDRES OLDTOWN, MARYLAND . IS RESIDED ON A FAI
MEMORIAL HOSPITAL CUMBERLAND, MD.	YES NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer OF
(Type or print) HA NSON M	SLIDER AUGUST 13. 19 6
7. MAKKIED   NEVER MAKKIED	B. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 TEAR   IF UNDER 24 H
MALE WHITE WIDOWED X DIVORCED	10-28-1877   10-28-1877   Months Deys Hours Mi
1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUN
	ARRIER MARYLAND GreenridgeU.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WILLIAM SLIDED	MARY E. TWIGG
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (Ifyesgivewerordelesofservice)	INFORMANT Address
No	MEMORIAL HOSPITAL CUMBERLAND, MD.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:  [MMEDIATE CAUSE (6)]	oscular accident 2 min
331X DUE TO	
Conditions, if eny, which (b)	ed arteroschosis you
geve rise to immediate cause (e), stating the underlying DUE TO	
cause lest.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTO PERFORMET
Š.	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  206. ACCIDENT WAS UNDERLYING  206. ACCIDENT WAS UNDERLYING  206. DESCRIBE HOW INJURY OCCURED  OR CONTRIBUTING  CAUSE OF DEATH  (If EITHER, NOTHER MEDICAL EXAMINER)	D. (Enter neture of injury in Pert I or Pert II of item 1B.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
3 20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PL/	ACE OF INJURY (Home, farm, 2Df. (City or town) (County) (Stete
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PL/ Hour a.m. While Not While fec	ctory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from.	may 1957, to day 13 , 1961, that (1) (we)
6115	t death occured at.: 3 ORM from the causes and on the date stated ab
22a. SIGNATURE	22b. DA
1 1 2 W//4 10	A.D. PHYS. MED. STAFF DIRECTOR PHYS.
22c, PHYSICIAN'S	22d. ADDRES
DR. G. SIMONS.	
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (Stete)
Burial 8-16-61 Zion Memora	al Cemetery Cumberland, Maryland
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25e, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE
James F. Scarpelli Cumberland, Mc	DATE AUG 1 7 '61
	DATE AUG 1 1 61 Carthur & Know

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RETIRED WAIL CAPPIER - - WRYLMED Greeneldgeu.s.A.

SAFE E. THICK

AERORIAL HOSPITATE PEREERLAND, HE

8 51 5 8 B

pursel belged aton temores cenetery Chicomiana, Maryland Jace F. Scargelli Cumberland, Ma. THAT SEE SEE SEE SEE SEE

cremation, ar remaval, and in any event, within 76 haurs afte

George Eichhorn

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

08689

POST TO A SA	0033	CERTIFICA	AIE OF DEATH					
1. PLACE OF DEATH	legany	MARYLAND	2. USUAL RESIDENCE (	(Where deceased li Land		Residence before odmission)		
b. CITY OR TOWN RURAL and give r Lonac	(If autside carporate limits, writh nearest tawn) Oning	c. LENGTH OF STAY IN 1b		(If autside carporate		L and give nearest town)		
A NAME OF HOSPI	St. Marys Ter	eet address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?		
			- II			YES NO		
3. NAME OF DECEASED (Type ar print)	Agnes	Middle A •	Smith	4. DATE OF DEATH	August	Day Year 11 1961		
S. SEX	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9.		JNDER 1 YEAR IF UNDER 24 HE		
Female	White wood	OWED DIVORCED	March 22,1	1882	79 yrs.	anths Days Hours Min.		
Oa. USUAL OCCUPATI	ON (Give kind of work dane 1 rking life, even if retired)	06. KIND OF BUSINESS OR IND			itry)	12. CITIZEN OF WHAT COUNTR		
non			Garrett	t County	v. Md.	U.S.A.		
3. FATHER'S NAME			14. MOTHER'S MAIDE					
	James Weir		Ann I	McMillia	an			
		16. SOCIAL SECURITY NO. 17.	INFORMANT		Address			
no	(it yes, give wor or dures or service)		Mrs. Sherma	an Hyde	Lonac	oning. Md.		
+	ATH [Enter anly ane cause pe		"Daught		4	INTERVAL BETWEEN ONSET AND DEATH		
Canditians, if gave rise to cause (a), stating lying cause last.	the under- (c)	biteriscolo	eieas			yours		
Severe 200. ACCIDENT WOR CONTRIBUTING	Rhoumat	NS CONTRIBUTING TO DEATH BUT CONTRIBUTION OF COURS	- Congest	rive ho	aut fen	IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO		
20c. TIME OF INJU Haur a. m. p. m.	WH.	d. INJURY OCCURRED 20e. If	PLACE OF INJURY (Hame, fractions, street, affice bldg.,	form, 20f. (City ar etc.)	tawn)	(Caunty) (Sta		
	at (I) (this haspital) atte	ended the deceased fram	7	19.56.to Q		19 <u>6</u> 1, that (I) (we) lo		
220. SIGNATURE	Parlink	an	M.D. ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22b, DATE SIGN 2. 2. 6		
22c. PHYSICIAN'S NAME (Type)	L.R. MILES	, JR., M.D.	22d, ADDRESS	acom	ing \	nd.		
BURIAL, CREMATION BURIAL (Specify		Philos	or CREMATORY emetery	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	on (City, Nown, or co	,,		
4. FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS	25a. R	EC'D BY REGISTRA	Commence and the second	R'S SIGNATURE		
George	Eichhorn	Longconing	VIA DATE	MIG 1 4 '61	arth	us S. Tropped		

Lonaconing, Md.

DATE NIG 1 4 '61

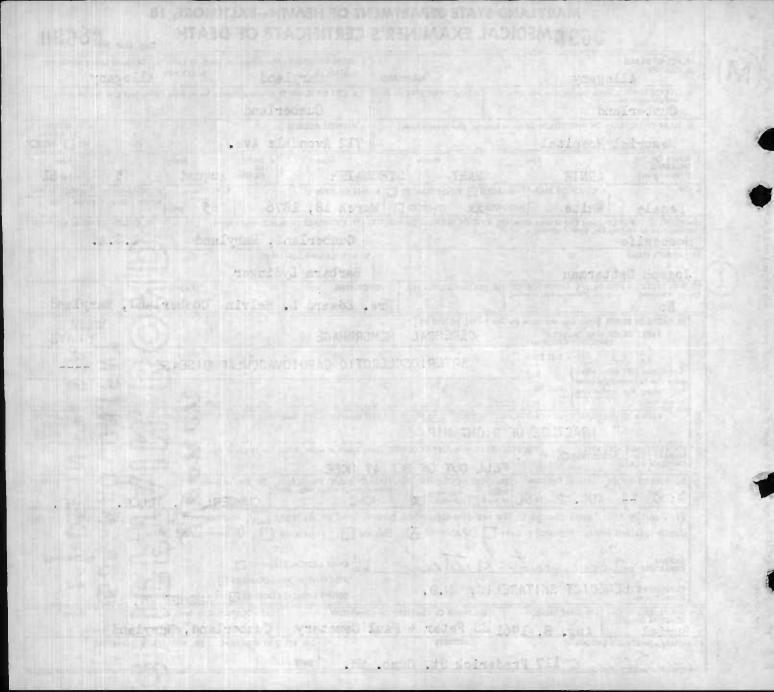
VR A15 (4) 15M 9/59

aturnel arrak for DOLLAR OTTENDE Cattle operate Troul come b b) thriseser i yas a recentle . 22 Bushings Is billion land not . in object of There I have been been the training her thank the 1 196 1 15 P 9.00 and ingt LIR MILES IR. D. FOUREBURNES VICE The fill of the second of the

VS. AT	TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the sertificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be	
5ME(5	To FUNERAZ DIRECTOR: Page of old be used as a burial-transit permit. File pages 1 and 2 with registrar of 10 burial, gremation	14
)	or removair.	3

MARYLAND STATE DEPARTME		
8695 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	Re
	2. USUAL RESIDENCE (Where deceased lived. If instit	utions

		8695 MI	DICA	L EXAMINE	R'S	CERTIFICA	TE OF	DEATH	Reg. Di	ist. No.	86	90
1.	PLACE OF DEATH					2. USUAL RESIDENCE (		sed lived. If institut	tion: Reside	nce befo	ore admis	uian)
	a. COUNTY	legany		MARYLA	UND	a. STATE Maryl.	and	b. COUNT	Alle	gan	7	
	b. CITY OR TOWN	(If autside corporate limits, writ	e RURAL	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (I	f autside cor	porate limits, write	RURAL and	give ne	arest taw	rn)
	Cumberl					Cumbe	rland		02			
	d. NAME OF HOSP	ITAL OR INSTITUTION (	If not in hos	pital, give street address)		d. STREET ADDRESS			,			SIDENCE A FARM?
		l Hospital				712 Avonda	le Ave	•	1			NOTE
3.	NAME OF DECEASED	Fir	st	Middle		Lost	4. DATE	Month		Day		ear
	(Type or print)	ANNIE				MATER	DEATH	August		5		61
5.	SEX	6. COLOR OR RACE	1	D NEVER MARRIED			Tale.	9. AGE (In years lost birthday)	Months	1YEAR Days	Hours	R 24 HRS. Min.
	Female	White	WIDOWEL	-		larch 18, 18		85 yrs.				
	n. USUAL OCCUPAT during most of work Housewife	ION (Give kind of work ing life, even if retired)	done 10b. K	IND OF BUSINESS OR IN	DUSTI	Cumberlan	or foreign	country)		S.A		COUNTRY
-	FATHER'S NAME					14. MOTHER'S MAIDEN		James		10 6 4 8		1,000
	Joseph De	ttermen				Barbara Ly	dinger					
15	WAS DECEASED E	VER IN U. S. ARMED FO		SOCIAL SECURITY NO.	17. IN	FORMANT	u and boa	Address				
(Ye	No. or unknown)	(If yes, give war or dates of	service)		Mrs	. Edward L.	Melvi	n Cumber	-land	. Ma	rvla	nd
		ATH Enter only one car	use per line t		27200 (					INTERV	AL BETWEE	EN
	PART I. DEATH WAS CAUSED BY: CFRFRAI HEMORPHAGE											
	Conditions, If only, which (b)  ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE											
7	gave rise to imm (a), stating the cause last.											
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY											
TATK	FRACTURE OF RIGHT HIP											
CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CX CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  FELL OUT OF BED AT HOME											
3	20c. TIME OF INJ	URY Month, Day, Ye			PLAC	E OF INJURY (Hame, fare	m, 20f. (Cit	y or town)	(Cau	unty)		(State)
WEDICAL	4:00 0. m	AUG. 2 19	61 While	Not while		ry, street, affice bldg., etc		BERLAND.	ALLEC		М	0
~	21. I certify											
	21. I certify that I taak charge af the remains described abave, held an Autopsy , Inspection , Inquiry , and find that death resulted fram: Natural causes Accident , Suicide , Hamicide , Undetermined cause .											
	ACTUAL SIGNATURE	Levedic	t,Si	Estarelia	1	M.D. CHIEF MEDICAL E					DATE SI	GNED
	EXAMINER'S B	ENEDICT SKI	TAREL	IC, M.D.		ASSISTANT MEDICAL		_	5.	L961		3
220	REMOVAL (Specif	ON, 22b. DATE THEREC		22c. NAME OF CEMETERY				TION (City, tawn, o			(State	)
	Burial	Aug. 8.	1961		au	1 Cometery		erland, M				
23.	FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS			D BY REGIS					
7	Queis 2	Dis 10117	Frede	rick St. Cur	nb.	Md. DATE A	ne 9 ,	61 a	thur S.	Trace	A	



empletely 3 in by the funeral papers. rages 1 and 2 should hin 72 hours after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the hospital or attending physician. It certificate has been signed by the attending physician and for use as the burial-transit permit. Then please remove ca alth prior to burial, cremation, or removal, and in any event, TO HOSPITAL OR ATTENDING

S death. P and may be retained by

TO FUNE ALL DIRECTOR: A

director, page 3 should be deface.

D be filed with the State Dept. of Hee

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (1869) 3697

717	PLACE OF DEATH					RESIDEN	CE (Whare d	acaased lived, If i		nca befora a	dmission)
$\mathcal{X}$		DOLA NEEL		MARYLAND	a. STATE	MAD	TEX A NED	b. COUN		4377	
-		GANY outside corporete limi	ite	c. LENGTH OF STAY IN 1b	C CITY O		YLAND	orafa limifs, wrife	ALLEG		vn)
	write RURAL and	give nearest town)	110)	C. ELITOTI OF STATISTIC	C.	. 10 1111	(i) Opisias (Oi)	Jordio Illinia, Wille	KOKI L ONG GIVE		,,,
-		BERLAND		28 days	V		BERLAN	D			
45	d. NAME OF HOSPIT	AL OR INSTITUTION (	if nof in hos	pital, giva streel address)	d. STREET	ADDRESS					A FARM?
de	CAC	CRED HEART				1.3	I. TA COT	OT TYPE OF THE	DOAD		NO X
3.	NAME OF	First		Middle	Last	444	LA FAST	Month	Dey	/ Yea	r
	(Type or print)						DEATH			19	
5	SEX	R(	DSE	CATHERINE	DATE OF BIRT		1	AGE (In years	GUST TEAR	-	61
٦.	317	O. COLOR OR RACE	7. MARRIE	D NEVER MARRIED 8	. DATE OF BIKE	ค	,	last birthdey)	Months Deys	Hours	Min.
	FEMALE	WHITE	WIDOWE	D NORCED	11-29-8	33		77 yrs.			
10	a. USUAL OCCUPATI	ON (Give kind of world	10b. K	IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPL	ACE (Cour	nty & State, or	foreign country)	12. CITIZEN	OF WHAT	COUNTRY?
1 "				Self Emp.	MARY	TAND	Cumb	erland	U.S	. A	
13	. FATHER'S NAME	, Deams	oricaa	Derr Dub.	14. MOTHER'			OI LUITU	1 0.1	0.53.0	
1	A	2 COTT 100000					. 7 .				
15		MCDERMOTT				le V	Valter				
	as, no, or unkown)   (If			SOCIAL SECURITY NO. 17. 1	NFORMANT			Address			
	No		2	14-05-4088	CHART						
	18. CAUSE OF D	EATH [Entar only ons	cause per l	ine for (e), (b), end (c).]						TERVAL BET	
		WAS CAUSED BY		Muls	nea	_			0	NSET AND	The state of the s
	220	MMEDIATE CAUSE (a)				,		0			
	229	DUE TO	1	Sendand	11	1,00	mi	ms.		0 1	-
	Conditions, if any	(-)	C	cular	110	1				3 n	The state of
	(e), steting the un	DUETO		12-1						~	
	ceusa fast.	) (c)	6	mun	cosi	re	202	~		5 7	1
Z	PART II. OTHER	SIGNIFICANT CONDI	TIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART 1(a)	19. WAS	
18									ALIVES T	YES T	NO TH
CERTIFICATION	20e. ACCIDENT WA	S LINIDEDI VING	20h DES	CRIBE HOW INJURY OCCURED	(Enter nature o	f injury in	Part Lor Part	II of item 18 1		113	No E
ERT	OR CONTRIBUTING	CAUSE OF DEATH	200. DE3	CKIDE HOW INJOK! OCCORED	. (Enter nature o	1 111/41 7 111	1011101101	11 01 110111 10.7			
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)									
Z	20c. TIME OF INJU	RY Month, Dey, Ye		1. 1	CE OF INJURY (			y or town)	(County)		(State)
MEDI	Hour a.m.	19	While et wor	THE THE PARTY OF T	1	s.agi, o.	1				
1			1-1) -41	Jal Na Jassand Sami	alle	75	106/10	Paul	5, 196/	that (I)	(wa) last
			lai) allen	ded the deceased from.		TTi,	25				
	saw the deceas	ed alive on	7	24 19 6/, and that	death occur	ed at		n the causes	and on the		
	22a. SIGNATURE	1		. 41	ATTENDIN	IG .	MED.	STAFF		228	SIGNED
	Cle	my) A	Ju	MENT M	.D. rn13.	A	DIRECTOR [	PHYS.			
	22c. PHYSICIAN'S	1			22d. ADI	RESS					
	NAME (Type)	Clay Durr	ett,	M.D.		2	36 Vir	ginia Av	enue		
22	Ba. BURIAL, CREMATION			23c. NAME OF CEMETERY	OR CREMATOR	Y	23d. LOC	ATION (City, tox	vn or county)	(5	itata)
23	REMOVAL (Specify)										
-	Burial	8-28-6	) T	St. Marys C	em.	1		berland		4.71100	
24	FUNERAL DIRECTOR	'S SIGNATURE	1 : 0	ADDRESS				TRAR 256. REG			
	James F.	Scarpel.	11 Cu	imberland, Md.		DATSE	P 1 '61	an	hun S. Than	LA	

C. HATTALO CONSISTENCE POR CONTRACTOR TO MILE . Committees Soll Lig. and the descent was a first arelas I duranteer to extract selection and 13 section to section to CHE 24 61 THE PARTY OF THE P . The street was . Cumberland, 16. nural 6-6-6 D. sarys Cen. James F. Scarpelli Guaberland, id.

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shauld be filed with Filled in s d by the haspital ar extending physician.

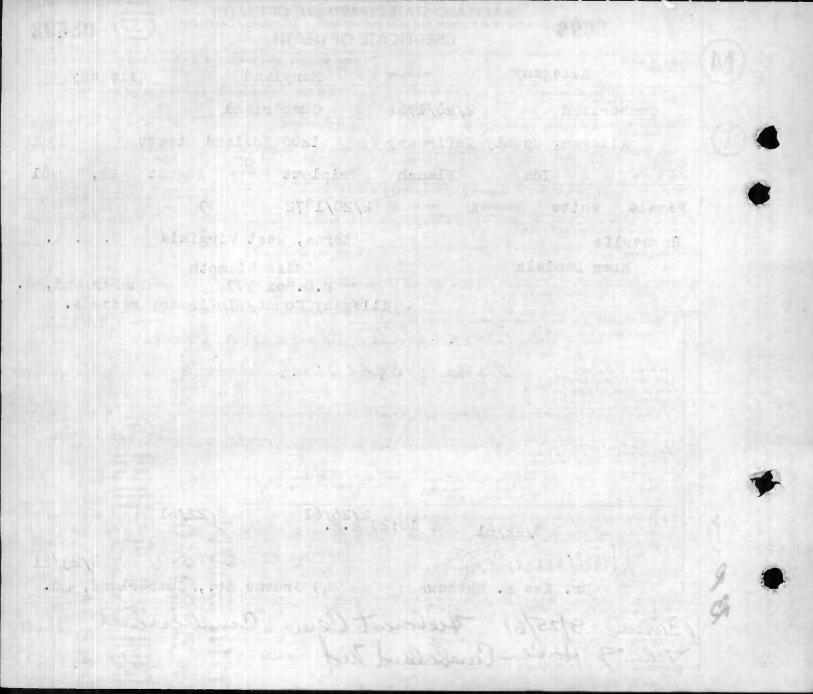
ECTOR: After this deficate has been signed by the attending physician and camplet be detached for Use as the burial-transit permit. Then please remave carban papers. I at Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after the Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after the Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after the Health priar to burial, crematian, ar remaval, and the Health priar to burial, crematian, are remaved.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

page 3 shauld be detached far use the State Board of Health prior to may be ret

VR A15 (4) 15M 9/59

	PLACE OF DEATH	Allegany	MARYLAND	2. USUAL RESIDENCE (WI	here deceased lived. If ins	INTY T	fare admission)
1	c. CITY OR TOWN (IF RURAL and give ne		c. LENGTH OF STAY IN 16 2/26/1961		autside carporate limits, w	ite RURAL and give n	rearest tawn)
		AL (If not in hospital, give stre		d. STREET ADDRESS			e. IS RESTDENCE ON A FARM?
		Legany Count	y Infirmary	1200_	Holland St	reet	YES NO
	NAME OF DECEASED (Type or print)	First Tda	Middle Blanch	Triplett	4. DATE OF DEATH Δ 110	Month 1	Pay Yeor 19 <b>61</b>
5. 5			ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In y	ears IF UNDER 1 YE	AR IF UNDER 24 HRS.
	Female		WED X DIVORCED	2/20/1872	last birtha	yrs. Manths Days	Haurs Min.
10a	. USUAL OCCUPATIO	N (Give kind af wark done 10 ng life, even if retired)	b. KIND OF BUSINESS OR INDL	ISTRY 11. BIRTHPLACE (State	ar fareign country)	12. CITIZEN	OF WHAT COUNTRY?
	Housewif			Kerns, We	est Virgin	ia U.	S. A.
13.	FATHER'S NAME	m Dondela		14. MOTHER'S MAIDEN			
		m Daniels			a Wilmoth		
	WAS DECEASED EVER	IN U. S. ARMED FORCES? 1 If yes, give war or dates of service)		NFORMANTP . O . BO		Addres Cumbe	
				llegany Cou	nty Infirm		
		mediate DUE TO	egoeophil	is, Chron	ie dezen Suiele	01	NERVAL BETWEEN NSET AND DEATH
ATION		ER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE CONDITION	N GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
CERTIFIC	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRI	ED. (Enter noture of injury in	Port I ar Part II af item 18	3.}	
MEDICAL CERTIFICATION	20c. TIME OF INJURY Haur a.m. p. m.	Wh		LACE OF INJURY (Home, fornoctary, street, office btdg., etc		(Count	ty) (State)
	saw the deceos 22a. SIGNATURE) 22c. PHYSICIAN'S NAME (Type)	Alle Lev Dr. Lee B.	Mathews	M.D. ATTENDING M.D. PHYS. 22d. ADDRESS 49 Gre	M, from the cause	s ond an the da	22b. DATE SIGNED 8/23/61
1	BURIAL, CREMATION REMOVAL (Specify)	8/25/61	23c. NAME OF CEMETERY OF ADDRESS	t Cem.		REGISTRAR'S SIGNAT	(Stote)
	four.	Hage	Ceraberlava	Wed DATE AL	UG 2 8 '61	arthur & the	alle



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) PLACE OF DEATH e. COUNTY e. STATE b. COUNTY ALLEGANY MARYLAND ALLEGANY c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) b. CITY OR TOWN (if outside corporete limits. c) LENGTH OF STAY IN 16 write RURAL and give nearest town) Route #2 CUMBERLAND RURALSHON CUMBERLAND d. NAME OF HOSPITAL OR INSTITUTION (if not in hospifel, give street address) d. STREET ADDRESS HOSPITAL HEARD NAME OF Middle Last 4. DATE Month DECEASED OF (Type or print) DEATH AUGUST TDA AGE (In yeers | IF UNDER 1 YEAR) IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH last birthday) Months WIDOWED TV DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY LATURLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) AT HOME HOUSEWIFE VIERGINIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MARTIN KEPLINGER AMELIA FEASTER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFO Address (Yes, no, or unkown) | (Ifyesgive war or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which (b) geve rise to immediate cause DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) factory, street, office bldg., etc.) While Not While et work at work 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on AA 22e. SIGNATUR ATTENDING MED PHYS. -DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S

23c. NAME OF CEMETERY OR CREMATORY

GLENDALE CEMETERY

MARYLAND

**ADDRESS** 

e. IS RESIDENCE

Year

19

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? NO F

that (I) (we) last

(Stete)

MARYT.AND

Orthur S. Haus

43 Green St., Cumberland, Md.

23d. LOCATION (City, town or county)

25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

FLINTSTONE

DATE AUG 1 5 '61

Day

Deys

ON A FARM? YES NO

director, page be filed with t FUNER death. OI VR A15 (4) 15M 9/60

NAME (Type)

24 FUNERAL DIRECTOR'S SIGNATURE

RUTH E. SILCOX

23e. BURIAL, CREMATION, 23b. DATE THEREOF

Bland M.

Schindler M.D.

CUMBERLAND

funeral

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signed burial-transit

been

has the

certificate

may be retain DIRECTOR:

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certificate physician 15.0 MATERIAL STREET, STATES 11 ,并没有是是自己。在自己的 the second second second LET AND LONG TOTAL AND THE SECRET LANGE OF THE SECRET HONE DE SECTION COMMENTANT COMMENTANTE COM

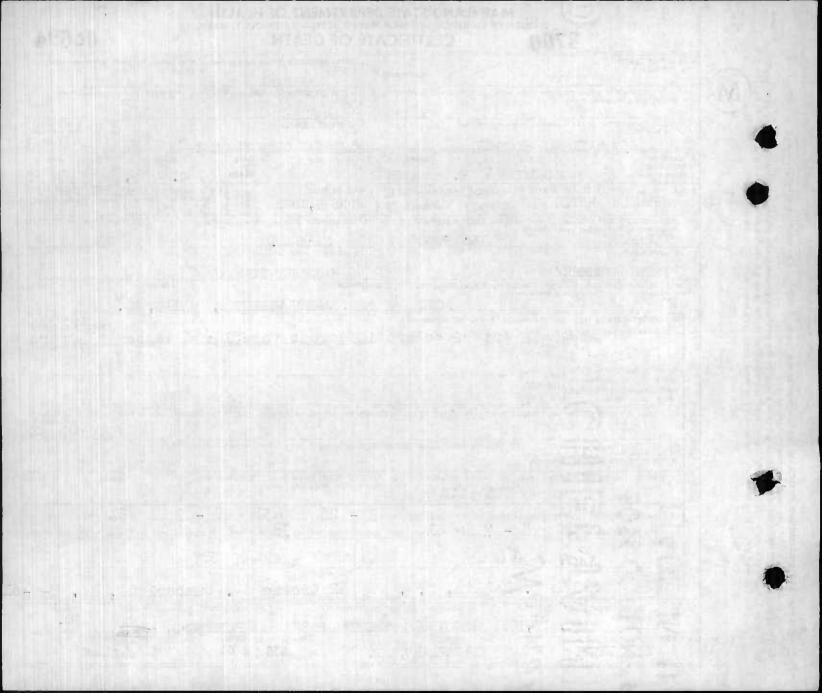
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

118694

1. PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (Who. STATE		If institution. COUNTY	n: Residence be	efore admiss	ian)
ALLEGANY	MARTLAND	MARYLAN	ID		ALTEGA	MY	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate lin	nits, write RU	RAL ond give	nearest town	)
La VALE 50	YEARS	X La VALE		THE			
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION		d. STREET ADDRESS		100		e. IS RES	
139 NATIONAL HIGHWAY		139 NATIONA	L HIGHWA	Υ		YES	NO 🔯
3. NAME OF First DECEASED	Middle	Lost	4. DATE OF	Mont	h	Day	Year
(Type or print) MARGARET E.	WAGNER			AUG.	9,		19 61
S. SEX FEMALE   6. COLOR OR RACE   7. MARRIED   NEV WIDOWED   A WI	/ER MARRIED   B	JUNE 9,1878	9. AG	E (In years birthdoy) yrs.	Months Doy	+	Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BL	USINESS OR INDUST	TRY 11. BIRTHPLACE (Stote	or foreign country)		12.CITIZEN	OF WHAT	OUNTRY
during most of working life, even if retired) HOUSEWIFE OWN H	OME	MARYTANT	)		TIS	2.4	
13. FATHER'S NAME	.01101	14. MOTHER'S MAIDEN N			1	1A.	-
PATRICK SHERRY		MARGARET	DIMNITY				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SEC	URITY NO. 17. INI	FORMANT	DIMMIV	Addre	955		
[Yes, no, or unknown] [If yes, give wor or dates of service]	03777		T T T T T T T T T T T T T T T T T T T		2.070		
		MRS. JAMES WI	LIETTS,	LaVALE	1		
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b	o), and (c).]					NTERVAL BE	
PART I. DEATH WAS CAUSED BY: Arterio	scleroti	c cardio v	ascular	dise	ase	3 ye	ars
DUE TO							
Conditions, if ony, which )							
gove rise to immediate							
Luian annua last							
, (6)	NC TO DEATH BUT A	NOT BELATED TO THE TERM	NAL BISEASE CON	DITION CIVI	AL IAL BART 1/-	1 10 MAG	ALITORS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG TO DEATH BUT I	NOT RELATED TO THE TERMI	NAL DISEASE CON	DITION GIVE	N IN PAKE I(O	PERFC	RMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					1000000	YES [	NO
206. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	INJURY OCCURRED	. (Enter nature of injury in I	Part I ar Part II af i	tem 18.)			
Z 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCI Hour o. m. While Not w p. m. 19 ot work ☐ ot work	hile fact	CE OF INJURY (Hame, farm ory, street, office bldg., etc		vn)	(Coun	ty)	(Stote
21. I certify that (I) (this haspital) attended the de	eceased from 3	- 26 19	58. ta 8 ·	- 9	1967	that (I) (	we) la
		eath accurred at 92		auses and			
220. SIGNATURE							b. DATE
Laga lu Bolin.	N	A.D. PHYS. DI	RECTOR PHY	rs.			SIGNE
22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS		-			
Ralph W. Ballin,	M.D.	62 Green	e St. Ci	umber	land.	lid.	8-9-
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAM	AE OF CEMETERY OR		23d. LOCATION (			(Stat	e)
REMOVAL (Specify)		DRIAL PARK	FROST		Md	Md.	
24. FUNERAL DIRECTOR'S SIGNATURE ADDR		25g, RFC'	D BY REGISTRAR		TRAR'S SIGNA	TURE	
BYRON KIGHT CUMBE	RLAND, MD.	DATE	G 1 4 '61	Cut	hur S. Ku	MA	





funeral by the fand 2 and 2 and 1. 2. executed remove affending Signed burial-transit burial, certificate ha hospital 35 O ō ŏ DIRECTOR: e plnous State FUNE filed . E dip

VR A15 (4)

15M 9/60

CERTIFIC

## RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) e. COUNTY a. STATE b. COUNTY ALLEGANY ALLEGANY MARYLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) write RURAL and give neerest town) 2 DAYS **CUMBERLAND** d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a IS RESIDENCE ON A FARM? MEMORIAL HOSPITAL 1300 LEXINGTON AVE YES NO K NAME OF Middle DATE Month Dev Year DECEASED OF 1961 (Type or print) DEATH AUGUST 10 JOHN WHITACRE HE NRY 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months DIVORCED MALE WIDOWED Y 1876 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Own Farm Retired Farmer U.S.A. W.VA. OKONOKO 13 FATHER'S NAME JOHN WHITACRE MARY SIRBAUGH 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give we ror detes of service) Cumb. John Armentr NONE Lexington A 18. CAUSE OF DEATH [Enter only one cathe per line for (e), (b), end (c). ONSET AND DEATH I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (a), steting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18.) 20e. ACCIDENT WAS UNDERLYING TI OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED 1 20e. PLACE OF INJURY (Home, ferm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Dey, Year factory, street, office bldg2, etc.) Not While Hour em While at work 19......, and that death occure 2.10... PM from the causes and on the date stated above 22b. DATE 22e. SIGNA SIGNED

R.J.WILLIAMS

PHYS. 22d. ADDRESS 122 S. CENTRE ST., CUMBERLAND, MD.

23d. LOCATION (City, town or county)

STAFF

23e. BURIAL, CREMATION, | 23b. DATE THEREOF Burial 8/13/61

23c. NAME OF CEMETERY OR CREMATORY

Near Ridgeley, W. Va.

24 FUNERAL DIRECTOR'S SIGNATURE Charles L. George **ADDRESS** Cumberland, Md. 25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

Abe. Cemeterv

DATEUG 1 4 '61

DIRECTOR

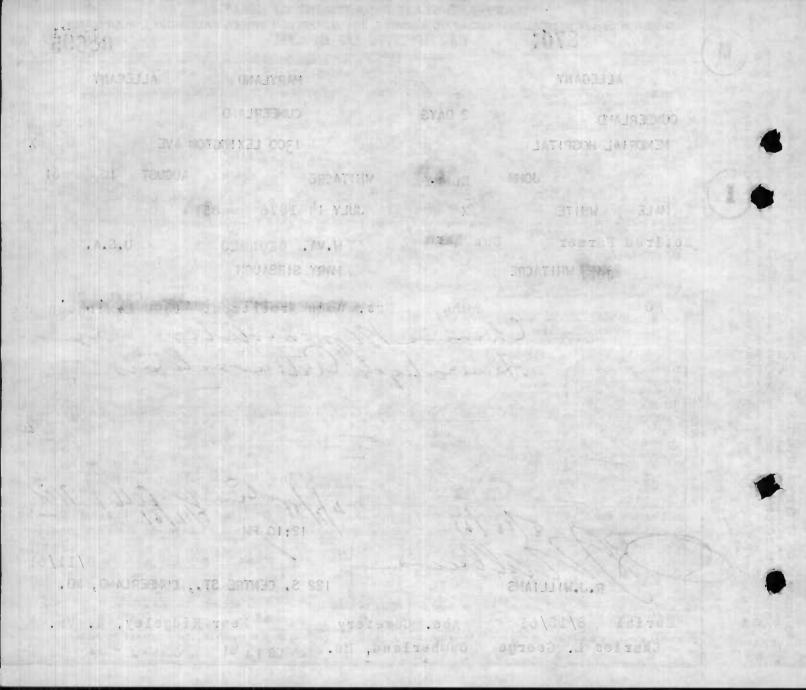
ATTENDING

PHYS.

Cirching S. Krans

8/11/61

(State)



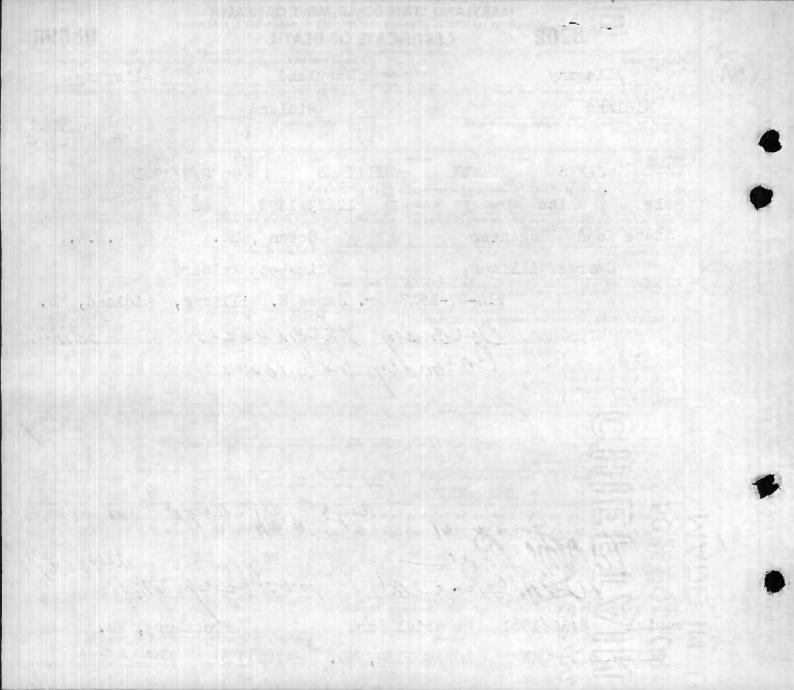
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MA	RYLAND STATE DEPARTMENT OF HEALTH	
DIVISION O	STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYL	AN
702	STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYL.  CERTIFICATE OF DEATH	

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1. PLACE OF DEATH  o. COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE B. COUNTY Allegany
b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)
RURAL and give nearest town) Midland	Midland
d. NAME OF HOSPITAL (If not in hospitol, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE
OR INSTITUTION	ON A FARM? YES □ NO □
3. NAME OF First Middle	
DECEASED	LLIAMS  4. DATE Manth Day Veor OF DEATH 8/8/1961
	B. DATE OF BIRTH  9. AGE (In yeors last birthday)  Months Days Hours Min
Male White WIDOWED DIVORCED	12/23/1898 G2 yrs. Manths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
State Road Engineer	Ocean . MD. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Williams	Elizabeth Walters
TO WAS DECEMBED BY ED IN H. S. ADMED FORCES N. COCIAL SECURITY NO. 137 III	NFORMANT Address
(Yes, no. or unknown)   (If yes, give wor or doles of service)	r. James E. Williams, Midland, MD.
	Team
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	I won voses 20 min
DUE TO	
Canditians, if any, which gove rise to immediate (b)	Jellioses 1
cause (a), stating the under.	
lying couse last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
A	YES NO X
OR CONTRIBUTING □ CAUSE OF DEATH	D. (Enter nature of injury in Part I or Part II of item 1B.)
	ACE OF INJURY (Hame, farm, 20f. (City ar town) (County) (State)
p. m. 19 of work of wark	
21. I certify that (I) (this haspital) attended the deceased fram	any 8 1861, to any 8 1961, that (1) (we) last
	death accurred at 15 A. Fram the causes and an the date stated abave.
22a. SIGNATURE	22b, DATE
100011 ( aac	M.D. ATTENDING MED. STAFF PHYS. Aug & SIGNED
22c. PHYSICIAN'S	22d. ADDRESS DD
NAME (Type) // OM Clune M	postoug my
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c, NAME OF CEMETERY O	DR CREMATORY 23d. LOCATION (City, tawn, ar county) (State)
_REMOVAL (Specify)	
Burial 8/10/1961 Memorial P	25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
GEORGE EICHHORN LONACONING	MD. DATE AUG 11 '61 arithur S. Thomas



# ca papers. Tages I and 2 should to within 72 hours after death. The law requires that the death certificate be executed within 24 hours after L. OR ATTENDING PHYSICIAN: The law requires that the death certificate to may be retained by the hospital or attending physician. \*\*DIRECTOR: / this certificate has been signed by the attending physician and a 3 should be democrated for use as the burial-transit permit. Then please remove cathe State Dept. of Health prior to burial, cremation, or removal, and in approprient,

an Ca

death. Pour I to FUNE I director, page 3 be filed with the

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND
CERT W. PRESTON STREET, BALTIMORE 1, MARYLAND RECORDS, OF DEATH CERTIFICATE

118697

V	1. PLACE OF DEATH				n: Residence before edmission
	ALLEGANY	MARYLAND	MARYLANE	b. COUNTY	LLEGANY
	b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)  CUMBERLAND	c. LENGTH OF STAY IN 16	A		end give neerest town)
0	MEMORIAL HOSPITAL WARWICK & MEMORIAL AV	ALLEGANY  ALLEGANY  ALLEGANY  ALLEGANY  ALLEGANY  ALLEGANY  ALLEGANY  CUMBERLAND  I DAY  CUMBERLAND  I DATE  OF CUMBERLAND	LEY STREET	e. IS RESIDENCE ON A FARMA YES NO	
	e. COUNTY  ALLEGANY  b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)  CUMBERLAND  d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp MEMORIAL HOSPITAL  WARWICK & MEMORIAL AVENUMATION (If not in hosp MEMORIAL HOSPITAL  3. NAME OF DECEASED (Type or print)  5. SEX  6. COLOR OR RACE 7. MARRIET WIDOWER  MALE WHITE WIDOWER  10e. USUAL OCCUPATION (Give kind of work done during met. of working life, even if retired)  13. FATHER'S NAME  OLIVER WILSON  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, may a unkown) (If yes give wer or detes of service)  18. CAUSE OF DEATH [Enter only one ceuse per limed of working life, even if retired)  19. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) acut (e), stelling the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CON (c) Stelling the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CON (FITHER, NOTIFY MEDICAL EXAMINER)  20e. ACCIDENT WAS UNDERLYING (c) MYOC (c) TIME OF INJURY Month, Dey, Yeer Hour e.m. (while et work of the wor	Middle			Dey Yeer
1	WILDUM	, , , , ,	WILSON.	700001	
	1415			9. AGE (In yeers lest birthdey) 77 yrs. IF UND	
	done during met of working life, even if relired)  13. FATHER'S NAME	DE. KIND OF BUSINESS OR INDUSTR			U. S. A.
		16. SOCIAL SECURITY NO.   17. T	NFORMANT	Address	
	(Yes, my unkown) (If yes give wer or detes of service)				, MD.
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)		lar failure		instant
	Conditions, if eny, which geve rise to immediate cause (e), stelling the underlying				24 hrs.
	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DI	SEASE CONDITION GIVEN IN P.	ART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO 2
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in Pert I o	r Pert II of item 18.)	
		While Not While fect	ory, street, office bldg., etc.)		County) (State)
					n the date stated abov
	Manus scot	ann M	D. PHYS. DIRECTO	OR PHYS.	22b. DATE SIGNE
		1. JACOBSON	50 PERSHIT	NG ST., CUMBERL	
-	233 BURIAL, CREMATICAL 23b. DATE THEREOF	1 Rose Hill	Cem. (	underlos	a, ma
	24 FUNERAL DIRECTOR'S SIGNATURE	APDRESS /	A DATE AUG 2	204	2. Kraus.

And the second Y45 1 17/12/19/3/8/1/5 THE YEAR STREET ANGELST BO. 1951 A 6 181 . . . 933 STIFF . A . E . U A PART HAS HER OFFICE HOSPATAL - CLASSIAL IN THE CON-. Onn ais di manionoli nama grandico - pincuski Enliganday. 18 - Of Farmer and the St. - LANGE OF STREET TO PERSHAPS ST., CLESSFILMS, MD. DO. SANDEL N. JACORSON allered the sold of the e funeral director, snould be filed with

filled in es 1 ano

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

accus

	0.07	CERTIFICA	ATE OF DEATH	110038
a. COUNTY	Allegany	MÄRYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Resonant on STATE Maryland b. COUNTY A	sidence before admission)
RURAL and give n			c. CITY OR TOWN (If autside carporate limits, write RURAL of	and give nearest tawn)
	Oerland TAL (If not in hospital, give str		d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
ALLeg	any County	Infirmary	114 Wood Street	YES NOVE
NAME OF DECEASED (Type or print)	First Jacob	Middle T.	Wilt August	Day Year 20. 1961
. SEX		ARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UN	DER TYEAR IF UNDER 24 H
Male	White   wind	OWED DIVORCED	7/30/1896 last birthday) Man	
<ol> <li>USUAL OCCUPATI during most of war</li> </ol>	ON (Give kind of work dane 1 king life, even if retired)	0b. KIND OF BUSINESS OR IND	DUSTRY 11. BIRTHPLACE (State or fareign country) 12	. CITIZEN OF WHAT COUNTR
Retired:	Railroad En	gineer	Bond, Maryland  14. MOTHER'S MAIDEN NAME	U. S. A.
	mes Alexand		Sarah Frances Foutz	
S. WAS DECEASED EVE	ER IN U. S. ARMED FORCES? (If yes, give war or dates of service)			umberland, M
Is. CAUSE OF DE	ATH [Enter anly ane cause pe			INTERVAL BETWEEN
PART I. DE.	ATH WAS CAUSED BY:	egocarleli	s, Ohr, Seielle	ONSET AND DEATH
Canditians, if a		Therio Sche	resig, Suile	
cause (a), stating lying cause last.		Perebial a	boblery, left feciple	sia
PART II. OT	HER SIGNIFICANT CONDITION	ns <u>contributing to death</u> <b>b</b>	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO
	AS UNDERLYING 20b. I G CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJU Haur a. m. p. m.	W		PLACE OF INJURY (Hame, farm, factory, street, affice bldg., etc.)	(Caunty) (Sta
21. I certify the	9/70/	ended the deceased from	7/25/61 19 to 8/20/61 death accurred at M, from the causes and or	
22a. SIGNATURE	Cer Bitter	deen	M.D. ATTENDING MED. STAFF PHYS. M DIRECTOR PHYS. M	22b. DATE SIGN 8/21/61
22c. PHYSICIAN <sup>7</sup> S NAME (Type)	Dr. Lee B	. Mathews	22d. ADDRESS	
REMOVAL (Specify		PhiLOS	OR CREMATORY 23d. LOCATION (City, town, or cou	nty) (State)
4. FUNERAL DIRECTOR	R'S SIGNATURE	ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR ONLY	S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page may be referred by the hospital ar attending physician.

TO FUNERAL SECTOR: After this difficate has been signed by the ottending physician and complete page 3 shauld be detached for use it the burial-transit permit. Then please remave carban papers, the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 hours after VR A1S (4) 15M 9/59

